


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91048 044 ****61.25

DOCUMENT # N41346	
1. Entity Name DISABLED AMERICAN VETERANS AUXILIARY, PORT ST. LUCIE AUXILIARY #113, INC.	

Principal Place of Business C/O GRACE A. MCLAUGHLIN 1150 SW CALIFORNIA BLVD PORT ST. LUCIE FL 34953	Mailing Address C/O GRACE A MCLAUGHLIN 1355 SE STARKLAKE CT. PT ST LUCIE FL 34952 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number NO-T APPLICABLE		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MCLAUGHLIN, GRACE A. 1355 S.E. STARKLAKE COURT PORT SAINT LUCIE FL 34952	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCUMBER, FREDIA 2193 SE TRIUMPH RD PORT SAINT LUCIE FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Daiute, Jean</i> 2913 SW Bridge Street Port St. Lucie, Florida 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV KNITTER, MARY 512 SW BACON TERR PORT SAINT LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CARLYLE, MARGARET 543 NW CONOVER ST PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT MCLAUGHLIN, GRACE PO BOX 7792 1355 SE STARKLAKE CT PORT SAINT LUCIE FL 34985 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>McLaughlin, Grace</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MCLAUGHLIN, GRACE PO BOX 7792 1355 SE STARKLAKE CT PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Grace A. McLaughlin, Adj. / Treas.* *Grace A. McLaughlin* 4/28/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #