

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90282 005 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT-APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLAUGHLIN, GRACE A.
1355 S.E. STARKLAKE COURT
PORT SAINT LUCIE FL 34952

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FROST, JEAN 2937 SW BRIDGE STREET PORT SAINT LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCLAUGHLIN, GRACE A. 1355 SE STARKLAKE COURT PORT SAINT LUCIE FL 34952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BT SCHUETTE, NANCY 494 SW COLUMBUS DRIVE PORT SAINT LUCIE FL 34953	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BERNER, CELESTE 278 NE GEMEO WAY JENSEN BEACH FL 34957	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BV SCARLATO, LARAIN 620 NW SAN CANDIDO WAY PORT SAINT LUCIE FL 34986	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP McCumber, Fredia 2193 SE Triumph Road Port St. Lucie, Fl. 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Knitter, Mary 512 SW Bacon Terr. Port St. Lucie, Fl. 34953	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Carlyle, Margaret (Peg) 543 NW Conover St. Port St. Lucie, F. 34983	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT McLaughlin, Grace P.O. Box 7792 (1355 SE Starklake Ct.) Port St. Lucie, FL. 34985 (34952)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS McLaughlin, Grace PO Box 7792 (1355 SE Starklake Ct.) Port St. Lucie, F. 34985 (34952)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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

4-23-2003

772-335-1489

CR2E037 (10/02)