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Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N41882 (4)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, SARASOTA,
UNIT 3, INC.

Principal Place of Business

Mailing Address

2445 FRUITVILLE RD
SARASOTA FL 342372445 TRUSTVILLE ROAD
SARASOTA FL 34237
US3. Date Incorporated or Qualified
01/30/19913a. Date of Last Report
01/31/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 2445 FRUITVILLE ROAD

22 City & State

27 Suite, Apt. #, etc.
28 SARASOTA, FL

23 Zip Country

29 34237 30 US

4. FEI Number

65-0247639

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CELNAR, MILDRED
2738 INGOT PLACE
SARASOTA FL 3423581 Name
BARTHALOW, ALICE B.
82 Street Address (P.O. Box Number is Not Acceptable)
2620 AUSTIN STREET
83
84 City
SARASOTA FL 85 Zip Code
34231

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Alice B. Barthalow*

ALICE B. BARTHALOW - SECRETARY JANUARY 31, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP DURHAN, ANTONETTA 4667 WATKINS AVE SARASOTA FL	1.1 TITLE	DP MANN, ANNA 4212 CHARDON WAY SARASOTA, FL 34232
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DT OTTESEN, CHARLOTTE 4750 LARK RIDGE CIR SARASOTA FL	2.1 TITLE	DT OTTESEN, CHARLOTTE 4750 LARK RIDGE CIR SARASOTA, FL 34233
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DS CELNAR, MILDRED 2738 INGOT PLACE SARASOTA FL	3.1 TITLE	DS BARTHALOW, ALICE B. 2620 AUSTIN STREET SARASOTA, FL 34231
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Anna Mann* SIGNATURE REQUIRED ANNA MANN

JAN. 31, 1997 (941)371-8767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0072667

CR2E037 (9/96)