## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT **CORPORATION** ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

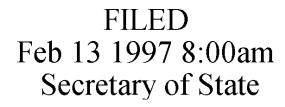
N41882

(4)

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

Principal Place of Business

Mailing Address





2445 FRUITVILLE HD SARASOTA FL 34237		SARASOTA FL 34237 US		Date Incorporated or Qualified		
				01/30/1991	01/31/1996	
	lace of Business	2a. Mailing Address	TIEM DOAD	4. FEI Number 65-0247639	Applied	************
21		26 2445 FRUITV	TIME ROAD	05/024/059	Not App	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Addition	
City & State		City & State				
23	e	28 SARASOTA, F	L.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May !	
Zip	Country	Zip	Couldry	8. This corporation has liability for in		
24	25	—	30 US		Yes No	002,
	9. Name and Address of Curre		1	10. Name and Address of New Re	lstered Agent	
			81 Name	G GOTTA WOTAUMGAG		
CELNAF	R, MILDRED		62 Street Ad	BARTHALOW, ALICE B.  ddress (P.O. Box Number is Not Acceptab	١٥١	
	GOT PLACE		2620 AUSTIN STREET			
	OTA FL 34235		83		***************************************	
			84 City	<del></del>	les Zin Codo	
			84 City	SARASOTA	FL 85 Zip Code 3423	1
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	s, the above-named c	orporation submits this statement for the poration's board of directors. I hereby accep	urpose of changing its regi	istered
agent. I a	registered agent, or boin, in the statement in familiar with, and accept the obli	gations of, Section 617.0503, Flor	rida Statutes.	oralion's board of directors. Thereby accept	t the appointment as regist	10100
	Ilice B. Bartha		B. BARTHALO	OW - SECRETARY JANU	JARY 31, 1997	
SIGNATORES	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE:	Registered Agent eignature re	quired when reinstating)	DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TIFLE	DP	<b>LO</b> COELETE	1.1 TITLE	DP	X Change	Addition
NAME	DURHAN, ANTONETTA		1.2 NAME	MANN, ANNA		
STREET ADDRESS	4667 WATKINS AVE		1.3 STREET ADDRESS	4212 CHARDON WAY		
CITY-ST-ZIP	SARASOTA FL		1.4 CITY-ST-ZIP	SARASOTA, FL 34232		
TITLE	DT	☐ DELETE	2.1 TITLE	DT	Change 🙀	Addition
NAME	OTTESEN, CHARLOTTE		2.2 NAME	OTTESEN, CHARLOTTE	,	
STREET ADDRESS	4750 LAKR RIDGE CIR		2.3 STREET ADDRESS	4750 LARK RIDGE CIR	1	•
CITY-ST-ZIP	SARASOTA FL	<u> </u>	2.4 CITY-ST-ZIP	SARASOTA, FL 34233		
TITLE	DS	DELETE	3.1 TITLE	DS	Change	Addition
NAME	CELNAR, MILDRED		3.2 NAME	BARTHALOW, ALICE B.		
STREET ADDRESS	2738 INGOT PLACE		3.3 STREET ADDRESS	2620 AUSTIN STREET	4 4	
CITY-ST-ZIP	SARASOTA FL		3.4. CITY - ST - ZIP	SARASOTA, FL 34231	· .	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐	Addition
NAME			4. 2 NAME	•		
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		·	4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE	<u> </u>	Change	Addition
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: AND THE REQUIRED ANNA MANN

JAN. 31. 1997 (941)371-8767