2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
Mar 14, 2005 8:00 am
Secretary of State

02-16-2005 90056 041 ****61.25

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1st MOORE CR2E037 (10/04)

DOCUMENT # N41882

1. Entity Name

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

Principal Place of Business	Mailing Address
2445 FRUITVILLE RD SARASOTA FL 34237	2445 FRUITVILLE ROAD SARASOTA FL 34237 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 65-0247639 — 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
DAMRON, EMMA E 1386 GEORGETOWNE CIRCLE SARASOTA FL 34232-2051	Name: JOHANNAC LINDA E Street Address (P.O. Box Number is Not Acceptable): 1330 Glen Oaks Dr 3710 City: Sarasota FL Zip Code: 34232

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: Linda E Johanning Treasurer Linda Johanning 2-9-05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW: FEE IS $61.25 Due By May 1, 2005

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	DP ☑ Delete	TITLE	DP ☑ Change ☐ Addition
NAME	MOLKETIN, NORMA	NAME	BOB = ALVIS
STREET ADDRESS	P.O. BOX 915	STREET ADDRESS	PO Box 915
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	Sarasota, Fl 34232
TITLE	DS ☑ Delete	TITLE	DS ☐ Change ☐ Addition
NAME	DAMRON, EMMA E	NAME	ALICE Burtholow
STREET ADDRESS	P.O. BOX 915	STREET ADDRESS	PO Box 915
CITY-ST-ZIP	SARASOTA FL 34232	CITY-ST-ZIP	Sarasota, Fl 34232
TITLE	DT ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JOHANNING, LINDA	NAME	
STREET ADDRESS	PO BOX 915	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Bobbie Alvis 2-9-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #