FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 FEB 21 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42047** **(3)**

1. Corporation Name

POLK COUNTY CHAPTER NO. 28, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

Principal Place of Business	Mailing Address
309 VETERANS AVE LAKELAND FL 33801	309 VETERANS AVE LAKELAND FL 33801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1991
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-6196584 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOROWITZ, MURRAY W. 2660 LANTANA LN. LAKELAND FL 33801	81 Name: RICHARD E. GIESE 82 Street Address (P.O. Box Number is Not Acceptable): 3135 HONEOYE TRAIL 83 84 City: LAKELAND FL 85 Zip Code: 33809

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 2-13-95
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	C	11 TITLE	D ☒ Change ☐ Addition
NAME	HOROWITZ, MUIRRAY W	12 NAME	Commander
STREET ADDRESS	2660 LANTANA LN	13 STREET ADDRESS	Richard "Dick" Giese
CITY-ST-ZIP	LAKELAND FL	14 CITY-ST-ZIP	3135 Honeoye Trail Lakeland, FL 33809
TITLE	SVC	21 TITLE	☐ Change ☐ Addition
NAME	SOLES, MARYLEE A	22 NAME	Same
STREET ADDRESS	502 SOUTHERN AVE.	23 STREET ADDRESS	800001413008 -02/23/95--01012--021
CITY-ST-ZIP	LAKELAND FL	24 CITY-ST-ZIP	****130.00 ****130.00
TITLE	V	31 TITLE	T ☒ Change ☐ Addition
NAME	FIRLE, WALTER	32 NAME	Mary Jo Wales N/A
STREET ADDRESS	3440 CHRISTINA GROVE	33 STREET ADDRESS	P.O. Box 282
CITY-ST-ZIP	LAKELAND FL	34 CITY-ST-ZIP	Eagle Lake, FL 33839
TITLE	V	41 TITLE	T ☒ Change ☐ Addition
NAME	WALES, MARYJO	42 NAME	Trustee
STREET ADDRESS	43 2ND ST N	43 STREET ADDRESS	Don Tousignaunt
CITY-ST-ZIP	EAGLE LAKE FL	44 CITY-ST-ZIP	Villa 115, 3803 Old Rd. 37 Lakeland, FL 33813
TITLE	T	51 TITLE	D ☒ Change ☐ Addition
NAME	COOLEY, MALCOLM W	52 NAME	Treasurer
STREET ADDRESS	2567 SEA OATS CIRCLE S	53 STREET ADDRESS	Bob Kuckuk
CITY-ST-ZIP	LAKELAND FL	54 CITY-ST-ZIP	4747 N. Rd. 33, #440 Lakeland, FL 33805
TITLE	A	61 TITLE	D ☒ Change ☐ Addition
NAME	GIESE, RICHARD	62 NAME	Adjutant
STREET ADDRESS	3135 HONEOYE TR	63 STREET ADDRESS	Debbie Davis-Stango
CITY-ST-ZIP	LAKELAND FL	64 CITY-ST-ZIP	204 Carolyn Dr. Lakeland, FL 33803 2/21/95 MST

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] RICHARD E. GIESE 813-687-4885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COMMANDER

6004748