

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N42047 (3)

1. Corporation Name

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



Principal Place of Business

303 VETERANS AVE  
LAKELAND FL 33801

Mailing Address

303 VETERANS AVE  
LAKELAND FL 33801

3. Date Incorporated or Qualified  
02/08/1991

3a. Date of Last Report  
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

• GIESE, RICHARD E  
3135 HONEOYE TRAIL  
LAKELAND FL 33809

81 Name

Soles, Marylee A.

82 Street Address (P.O. Box Number is not Acceptable)

502 Southern Ave.

83

Lakeland

84 City

FL

33801

85 Zip Code

11. Pursuant to the provisions of Sections 617.0302 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

*[Signature]*

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GIESE, RICHARD DICK	
STREET ADDRESS	3135 HONEOYE TRAIL	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	D/P	<input type="checkbox"/> DELETE
NAME	SOLES, MARYLEE A	
STREET ADDRESS	502 SOUTHERN AVE.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	T/V	<input type="checkbox"/> DELETE
NAME	WALES, MARY JO	
STREET ADDRESS	P.O. BOX 282 N/A	
CITY - ST - ZIP	EAGLE LAKE FL 33839	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TOUSIGNAUNT, DON	
STREET ADDRESS	VILLA 115, 3803 OLD RD. 37	
CITY - ST - ZIP	LAKELAND FL 33813	
TITLE	T/D	<input type="checkbox"/> DELETE
NAME	KUCKUK, BOB	
STREET ADDRESS	4747 N. RD. 33, #440	
CITY - ST - ZIP	LAKELAND FL 33805	
TITLE	T/A	<input checked="" type="checkbox"/> DELETE
NAME	DAVIS-STANGO, DEBBIE	
STREET ADDRESS	204 CAROLYN DR.	
CITY - ST - ZIP	LAKELAND FL 33803	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wales, Mary Jo	
1.3 STREET ADDRESS	PO Box 282 N/A	
1.4 CITY - ST - ZIP	Eagle Lake FL 33839	
2.1 TITLE	T/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	George Farris	
2.3 STREET ADDRESS	200 1/2 ROBSON, LAKE LAND FL 33805	
2.4 CITY - ST - ZIP		
3.1 TITLE	T/A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	RAY HENDERSON	
3.3 STREET ADDRESS	5542 Greaves Rd	
3.4 CITY - ST - ZIP	PLANT CITY FL 33565	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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\*\*\*70.00

4.26.96

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(5)(a), 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:

*[Signature]* Marylee A Soles

2-10-96

941-688-9578

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President Director

CR2E037 (12/95)