## FILE NOW: FILING FEE IS \$61.25

NONPROFIT



FLORIDA DEPARTMENT OF STATE

	ORATION AL REPORT  996	Sandra B. Secretary DIVISION OF CO			
DOCUM Corporation N	1ENT # N4204	47 (3)			
POLK COUNTY CHAPTER NO. 28, DISABLED AMERICAN VE TERANS, DEPARTMENT OF FLORIDA, INCORPORATED					
Principal Place o	of Business	Mailing Address		- Adelia: All diaid tidit Appli Biger	
303 VETERANS AVE LAKELAND FL 33801 LAKELAND FL 33801					
				<ol> <li>Date Incorporated or Qualified 02/08/1991</li> </ol>	3a. Date of Last Report 02/21/1995
2. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
:. Principal Flac		26		59-6196584	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	1	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
]		28 Zin	Country	Trust Fund Contribution  8. This corporation has liability for in	Added to rees
Zφ	Country	Zıp	30	Florida Statutes	Yes No
14	9. Name and Address of Cur	11	81 Name (	10. Name and Address of New R	egistered Agent
	LV FL GOODS		83 7	Walnud	33801
	ID FL 33809	Sho and 617 1500 Florida Chairte	<b>84</b> City	oration submits this statement for the out	FL 85 Zip Code  rpose of changing its registered office
11. Pursuant to or registere familiar wit SIGNATURE	o the provisions of Sections 617, ed agent, gr both, in the state of the obligations of the section of the sect	Micro and title if applicable INOTE S AND DIRECTORS	<b>84</b> City	poration submits this statement for the purporat of directors. I hereby accept the appeared when renstating applitions/CHANGES TO OFF	rpose of changing its registered office pointment as registered agent. I am  DATE  FIGERS AND DIRECTORS IN 12
11. Pursuant to or registere familiar wit	o the provisions of Sections 617, ed agent, gr both, in the state of the obligations of the section of the sect	) Cla	84 City s, the above-named corporation's both the corporation between the cor	and what renstatings ADDITIONS*CHANGES TO OFF	rpose of changing its registered office pointment as registered agent. I am  DATE  ICERS AND DIRECTORS IN 12  What age Addition
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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 11907 (6/K). 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 of 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 an appears with an address.

64 CITY-ST-ZIP

SIGNATURE: \_

LAKELAND FL 33803

Mary/ref Soles 2-10-96 941-688-9578

AME OF SIGNING OFFICER OF DIRECTOR Fred Sent Driator

Daytone Phone &

Daytone Phone Pho