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Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42047** (3)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**303 VETERANS AVE
LAKELAND FL 33801**

**303 VETERANS AVE
LAKELAND FL 33801**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/08/1991

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes ☒ No

10. Name and Address of New Registered Agent

**SOLES, MARY LEE A
502 SOUTHERN AVE.
LAKELAND FL 33801**

81 Name

Tousignant, Don

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

Villa 115, 3803 Old Rd. 37

83

Lakeland, FL 33813

84

City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 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 **Donald A. Tousignant - COMMANDER**

Donald A. Tousignant 3/9/98

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TV	<input checked="" type="checkbox"/> DELETE
NAME	FARRIS, GEORGE	
STREET ADDRESS	200 E. ROBSON	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	SOLES, MARYLEE A	
STREET ADDRESS	502 SOUTHERN AVE.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DVP	<input checked="" 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 checked="" type="checkbox"/> DELETE
NAME	TOUSIGNAUNT, DON	
STREET ADDRESS	VILLA 115, 3803 OLD RD. 37	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	KUCKUK, BOB	
STREET ADDRESS	4747 N. RD. 33, #440	
CITY-ST-ZIP	LAKELAND FL 33805	
TITLE	TA	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, RAY	
STREET ADDRESS	5542 HERVEY TERR. RD.	
CITY-ST-ZIP	PLANT CITY FL 33565	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP
1.3 STREET ADDRESS	Tousignant, Don
1.4 CITY-ST-ZIP	Villa 115, 3803 Old Rd. 37
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	Johnson, Tom
2.4 CITY-ST-ZIP	1367 Barnhorst Rd.
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DP
3.3 STREET ADDRESS	Marylee Soles
3.4 CITY-ST-ZIP	3847 Country Loop E.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	Murray W. Horowitz
4.4 CITY-ST-ZIP	2660 Lantana Lane
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	T
5.3 STREET ADDRESS	Wade Walker
5.4 CITY-ST-ZIP	1933 Ridge Meadow Dr.
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T
6.3 STREET ADDRESS	Mary Jo Wales
6.4 CITY-ST-ZIP	P.O. Box 282

14. 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 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: *Murray W. Horowitz* **murray Horowitz** 941-687-0268

CR2E037 (10/97)