

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90062 049 ****70.00

DOCUMENT # N42047					
1. Entity Name POLK COUNTY CHAPTER NO. 28, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED					
Principal Place of Business 303 VETERANS AVE LAKELAND, FL 33815-4373			Mailing Address 303 VETERANS AVE LAKELAND, FL 33815-4373		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04042005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALKER, WADE 309 W DAUGHERTY ROAD LAKELAND, FL 33809			7. Name and Address of New Registered Agent Name: WHITMILL, Dennis Street Address (P.O. Box Number is Not Acceptable): 303 Veterans Avenue City: Lakeland FL Zip Code: 33815		
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		Harvey Warren, Director/Treasurer		4/11/05	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE P	NAME WALKER, WADE				
STREET ADDRESS 309 W DAUGHERTY ROAD	CITY-ST-ZIP LAKELAND, FL 33809				
<input checked="" type="checkbox"/> Delete					
TITLE DP	NAME BRUNEAU, DANIEL				
STREET ADDRESS 10 LAURN ST #10	CITY-ST-ZIP LAKELAND, FL 33815				
<input type="checkbox"/> Delete					
TITLE DVP	NAME MARSHALL, JAMES JR				
STREET ADDRESS 403 41 BEUNA VISTA DR	CITY-ST-ZIP LAKELAND, FL 33805				
<input checked="" type="checkbox"/> Delete					
TITLE S	NAME HARVEY, WARREN H				
STREET ADDRESS 6923 SCENIC HILLS BLVD	CITY-ST-ZIP LAKELAND, FL 338102670				
<input checked="" type="checkbox"/> Delete					
TITLE T	NAME HARVEY, WARREN H				
STREET ADDRESS 6923 SCENIC HILLS BLVD	CITY-ST-ZIP LAKELAND, FL 33810				
<input type="checkbox"/> Delete					
TITLE S	NAME GIESE, RICHARD				
STREET ADDRESS 7481 BRIARBAY LOOP	CITY-ST-ZIP LAKELAND, FL 33810				
<input checked="" type="checkbox"/> Delete					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE P/D	NAME WHITMILL, Dennis				
STREET ADDRESS 303 Veterans Avenue	CITY-ST-ZIP Lakeland, FL 33815				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE D VP	NAME BRUNEAU, Daniel				
STREET ADDRESS 10 Laurn St #10	CITY-ST-ZIP Lakeland, FL 33815				
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE DVP	NAME SIEGEL, Jay				
STREET ADDRESS 303 Veterans Avenue	CITY-ST-ZIP Lakeland, FL 33815				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE SD	NAME PASSWATER, George				
STREET ADDRESS 308 White Cliff Blvd	CITY-ST-ZIP Auburndale, FL 33823				
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE TD	NAME WARREN, Harvey				
STREET ADDRESS 6923 Scenic Hills Blvd	CITY-ST-ZIP Lakeland, FL 33810				
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE 	NAME 				
STREET ADDRESS 	CITY-ST-ZIP 				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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:		Director/Treasurer		4/11/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	