

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90120 008 ****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**

50000950



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02122006

Chg-NP

CR2E037 (11/05)

4. FEI Number
NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WHITMILL, DENNIS
303 VETERANS AVE
LAKELAND, FL 33815**

7. Name and Address of New Registered Agent

Name **Jay G. Siegel**

Street Address (P.O. Box Number is Not Acceptable)
303 Veterans Avenue

Lakeland

FL

33815

City

FL

Zip Code

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:

Jay G. Siegel

Jay G. Siegel, Commander

2/13/06

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **WHITMILL, DENNIS**
STREET ADDRESS **303 VETERANS AVE**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **DVP** ☒ Delete
NAME **BRUNEAU, DANIEL**
STREET ADDRESS **10 LAURN ST #10**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **DVP** ☐ Delete
NAME **SIEGEL, JAY**
STREET ADDRESS **303 VETERANS AVE**
CITY-ST-ZIP **LAKELAND, FL 33815**

TITLE **SD** ☐ Delete
NAME **PASSWATER, GEORGE**
STREET ADDRESS **308 WHITE CLIFF BLVD**
CITY-ST-ZIP **AUBURNDAL, FL 33823**

TITLE **TD** ☐ Delete
NAME **HARVEY, WARREN H**
STREET ADDRESS **6923 SCENIC HILLS BLVD**
CITY-ST-ZIP **LAKELAND, FL 33810**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Change ☒ Addition
NAME **Ruis, Ken**
STREET ADDRESS **702 W Pinedale Drive**
CITY-ST-ZIP **Plant City, FL 33563**

TITLE **DVP** ☐ Change ☒ Addition
NAME **Johnson, Willie**
STREET ADDRESS **722 E Myrtle Street**
CITY-ST-ZIP **Lakeland, FL 33801**

TITLE **PD** ☒ Change ☐ Addition
NAME **SIEGEL, Jay**
STREET ADDRESS **303 Veterans Avenue**
CITY-ST-ZIP **Lakeland, FL 33815**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Jay G. Siegel

Jay G. Siegel, Commander

2/13/06

863 687-4855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #