

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

08 FEB 11 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

11082007 REIN-NP CR2E099 (1/07)

City & State	City & State
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 GEORGE PASSWATER

Street Address (P.O. Box Number is Not Acceptable)
303 S. VETERAN'S AVE.

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$61.25
After January 1, 2008, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE	DVP <input checked="" type="checkbox"/> Delete
NAME	RUIS, KEN
STREET ADDRESS	702 W PINEDALE DR
CITY-ST-ZIP	PLANT CITY, FL 33563
TITLE	DVP <input checked="" type="checkbox"/> Delete
NAME	JOHNSON, WILLIE
STREET ADDRESS	722 E MYRTLE ST
CITY-ST-ZIP	LAKELAND, FL 33801
TITLE	PD <input checked="" type="checkbox"/> Delete
NAME	SIEGEL, JAY
STREET ADDRESS	303 VETERANS AVE
CITY-ST-ZIP	LAKELAND, FL 33815
TITLE	SD <input type="checkbox"/> Delete
NAME	PASSWATER, GEORGE
STREET ADDRESS	308 WHITE CLIFF BLVD
CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE	TD <input checked="" type="checkbox"/> Delete
NAME	HARVEY, WARREN H
STREET ADDRESS	6923 SCENIC HILLS BLVD
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	<input type="checkbox"/> Delete
NAME	REINSTATEMENT
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	OTTO NEW BERRY, DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>OTTO NEW BERRY, DVP</u>
STREET ADDRESS	<u>136 PARADISE LN.</u>
CITY-ST-ZIP	<u>AUBURNDALE, FL. 33823</u>
TITLE	WAYNE BRUMBLEY, DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>WAYNE BRUMBLEY, DVP</u>
STREET ADDRESS	<u>336 ALBON AVE.</u>
CITY-ST-ZIP	<u>LAKELAND FL. 33815.</u>
TITLE	JOSEPH L. MURRAY, PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>JOSEPH L. MURRAY, PD</u>
STREET ADDRESS	<u>4919 SHERYI LN. PD.</u>
CITY-ST-ZIP	<u>LAKELAND, 33813</u>
TITLE	ID <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SAME NAME</u>
STREET ADDRESS	<u>ADDRESS.</u>
CITY-ST-ZIP	
TITLE	SD, DONALD W. GAY, PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>SD, DONALD W. GAY, PD</u>
STREET ADDRESS	<u>3716 Tim Matthews Rd.</u>
CITY-ST-ZIP	<u>LAKELAND, FL. 33810.</u>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>1-01</u>
STREET ADDRESS	<u>700112409267</u>
CITY-ST-ZIP	<u>02/20/08--01005--027 **140.00</u>

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 reports 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 George Passwater
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/4/08 Daytime Phone # 863-687-4885