2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2009
Secretary of State

DOCUMENT# N42047

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

Current Principal Place of Business:

303 VETERANS AVE
LAKELAND, FL 338154373

New Principal Place of Business:

Current Mailing Address:

303 VETERANS AVE
LAKELAND, FL 338154373

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PASSWATER, GEORGE
303 VETERANS AVE
LAKELAND, FL 33815 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete
Name: NEWBERRY, OTTO
Address: 139 PARADISE LN
City-St-Zip: AUBURNDALE, FL 33823

Title: DVP ( ) Delete
Name: BRUMBLEY, WAYNE
Address: 336 ALBON AVE
City-St-Zip: LAKELAND, FL 33815

Title: PD ( ) Delete
Name: MURRAY, JOSEPH L
Address: 4919 SHERYL LN
City-St-Zip: LAKELAND, FL 33813

Title: ID ( ) Delete
Name: PASSWATER, GEORGE
Address: 308 WHITE CLIFF BLVD
City-St-Zip: AUBURNDALE, FL 33823

Title: SD ( ) Delete
Name: GAY, DONALD W
Address: 3716 TIM MATTHEWS RD
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE PASSWATER ID 06/02/2009

Electronic Signature of Signing Officer or Director — Date