2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42047

FILED Jul 09, 2010 Secretary of State

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

INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

303 VETERANS AVE 303 VETERANS AVE

LAKELAND, FL 338154373 LAKELAND, FL 338154373 US

Current Mailing Address: New Mailing Address:

303 VETERANS AVE 303 VETERANS AVE

LAKELAND, FL 338154373 LAKELAND, FL 338154373 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PASSWATER, GEORGE WALKER, WADE
303 VETERANS AVE
303 VETERANS AVE

LAKELAND, FL 33815 US LAKELAND, FL 33815 US

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: WADE WALKER 07/09/2010

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD

Name: CROWLEY, STEVEN
Address: 402 E DAUGHTERY ROAD
City-St-Zip: LAKELAND, FL 33809 US

Title: DVP

Name: HENDRICKS, BARBARA
Address: 1413 PLANTATION CIRCLE
City-St-Zip: PLANT CITY, FL 33563

Title: DVP

Name: BARRLETT, FRANCIS L Address: 822 CASTLE WAY City-St-Zip: LAKELAND, FL 33803

Title: TD

Name: WALKER, WADE

Address: 309 W DAUGHTERY ROAD City-St-Zip: LAKELAND, FL 33809

Title: SD

Name: COTTRELL, GEARY W
Address: 1500 BROOKE ROAD N
City-St-Zip: FORT MEADE, FL

I hereby 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 all other like empowered.

SIGNATURE: WADE WALKER TD 07/09/2010