NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N42136

2500 Leahey Avenue

1. Corporation Name

ORANGE COUNTY VETERANS ASSOCIATION, INC.

Principal Place of Busines
2254 FLAMINGO WAX WINTER(PINIK RLX32792 US

2. Principal Place of Business

Mailing Address

2a. Mailing Address

DFAS Box 931670

FILED Mar 11, 1999 8:00 am secretary of State

03-11-1999 90109 007 ****70.00

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Applied For

3. Date Incorporated or Qualifed

02/18/1991

217821 - 90109 - 7

Suite, Apt. i	#, etc.	Suite, Apr. #, etc.		FO 00700FO	⊢	31100 1 01		
DFAS	Box 931670	27 2500 Leahy	Avenue	59-3076959		Applicable		
City & State		City & State		5. Certificate of Status Desired	• \$8.75 A			
23 Orlai	ndo, Florida	28 Orlando, F	<u>lorida</u>		Fee Red	quired		
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00			
24 32893-		29 32893-167030	USA	Trust Fund Contribution	Added to	Fees		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	·		
			81 Name					
ROBERTS,	TOM		82 Street	Address (P.O. Box Number is Not Acceptable)				
2354 FLAMINGO WAY			or other variety in the same variety					
	ARK FL 32792		83					
***********	THAT I C OLI OL		54 07		85 Zip C	'ode		
			84 City	Fl	_ 65 2100	,oue		
11. Pursuant t	to the provisions of Sections 617,0502	and 617.1508. Florida Statutes.	, the above-named	corporation submits this statement for the purpose o	f changing its	registered		
office or re	egistered agent, or both, in the State of	Florida. Such change was auth	norized by the corpo	pration's board of directors. I hereby accept the appo	intment as reg	jistered .		
agent. I ar	m familiar with, and accept the obligation	ons of, Section 617.0503, Fiorid	a Statutes.	•				
SIGNATURE	Signature, typed or printed name of registered agent a	and title if continued a MATC. De	egistered Agent signature re	equired when reinstating) DATE				
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12		
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	VD	☐ Change	Additio		
NAME	ROBERTS, TOM		1.2 NAME	S. "Chuck" Sterchele				
	2354 FLAMINGO WAY		1.3 STREET ADDRESS	1215 Jamajo Blvd.				
	WINTER PARK FL		1.4 CITY-ST-ZIP	_				
CITY-ST-ZIP	VD VINIER PARK PL	ID DELETE	2.1 TITLE	Orlando, Fl. 32803	Change	Additio		
TITLE	MILLER, ROBERT	D OLLETE	2.1 INCL 2.2 NAME	Joseph L. Kee	.55~			
NAME	155 FALLWOOD STREET		2.3 STREET ADDRESS	5325 Rosegay Court				
STREET ADDRESS				₩ 12				
CITY-ST-ZIP	FERN PARK FL	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE	Orlando, Fl. 32811	Change	Additio		
TITLE	TD	I DCCC IL		SD				
NAME	EVERSON, RICHARD		3.2 NAME	Robert D. Johnson		• •		
STREET ADDRESS	1000 LEGION PLACE, #1500		3.3 STREET ADDRESS	504 Dew Drop Cove				
CITY-ST-ZIP	ORLANDO FL	DELETE	3.4. CITY+ST-ZIP	Casselberry, Fl. 32707	Change	[D] Additio		
TITLE	SD	DELE TE	4.1 TITLE	_ D	☐ Change	E ∨OGIG		
NAME	MICKELSON, FRIEDA		4. 2 NAME	Murray Marcus	•			
STREET ADDRESS	3818 SUTTON PL. BLVD. APT 11	02	4.3 STREET ADDRESS	918 Rockmont Court				
CITY-ST-ZIP	WINTER PARK FL		4.4 CITY-ST-ZIP	Orlando, Fl. 32804				
TITLE		☐ DELETE	5.1 TΠLE		Change	Addition		
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	•				
CITY-ST-ZIP	i e		5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					

CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP