

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43465

FILED
Mar 02, 2006
Secretary of State

Entity Name: DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA SERVICE FOUNDATION,
INCORPORATED

Current Principal Place of Business:

17601 VETERANS WAY
MICANOPY, FL 32667

New Principal Place of Business:

2015 SW 75TH STREET
GAINESVILLE, FL 32607

Current Mailing Address:

17601 VETERANS WAY
MICANOPY, FL 32667

New Mailing Address:

2015 SW 75TH STREET
GAINESVILLE, FL 32607

FEI Number: 59-3059133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDEN, ALBERT H., JR.
FLORIDA STATE ROUTE 441 SOUTH
MICANOPY, FL 32667 US

Name and Address of New Registered Agent:

LINDEN, ALBERT H JR
2015 SW 75TH STREET
GAINESVILLE, FL 32607 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: ALBERT H. LINDEN JR.

03/02/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: LINDEN, ALBERT H.,
Address: 17601 VETERANS WAY
City-St-Zip: MICANOPY, FL

Title: D () Delete
Name: ROYER, SILVA
Address: 1234 MISSOURI AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: STONE, DAVID
Address: 3658 MARY LANE
City-St-Zip: SARASOTA, FL 34238

Title: D () Delete
Name: JOYNER, DENNIS
Address: 207 SHADOW BAY BLVD.
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: BARNSHAW, ED
Address: 808 53RD AVE E
City-St-Zip: BRADENTON, FL 34203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: LINDEN, ALBERT H.,
Address: 2015 SW 75TH STREET
City-St-Zip: GAINESVILLE, FL 32607

Title: D (X) Change () Addition
Name: HAYNES, JOHN
Address: 424 HIWATHA FARMS S
City-St-Zip: MONTICELLO, FL 32344

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 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: ALBERT H. LINDEN JR

TD

03/02/2006

Electronic Signature of Signing Officer or Director

Date