

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43465

FILED
Apr 03, 2008
Secretary of State

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

Current Principal Place of Business:

2015 SW 75TH STREET
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

2015 SW 75TH STREET
GAINESVILLE, FL 32607

New Mailing Address:

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

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

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: WOLFE, KENNETH
Address: 373 ARDENWOOD DR
City-St-Zip: ENGLEWOOD, FL 34223

Title: DP () Delete
Name: SIMMS, TOMMY
Address: 333 HOLLYWOOD BLVD
City-St-Zip: FT. WALTON BCH, FL 32548

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: CONDON, PHIL
Address: 8030CASUARINE DR
City-St-Zip: PORT RICHEY, FL 34668

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: ALBERT H. LINDEN JR.

TD

04/03/2008

Electronic Signature of Signing Officer or Director

Date