

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2004 8:00 am
Secretary of State

04-01-2004 90011 048 ****61.25

DOCUMENT # N43536

1. Entity Name

**DISABLED AMERICAN VETERANS, CHARLES GUSTAFSON
CHAPTER NO. 94, INC.**



Principal Place of Business

Mailing Address

**710 WILLOW DRIVE
LEHIGH ACRES FL 33936
US**

**P.O. BOX 667
LEHIGH ACRES FL 33970-0851
US**

44023303



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-7040156

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEELE, HENRY D
710 WILLOW DRIVE
LEHIGH ACRES FL 33936**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITILE **T** ☐ Delete
NAME **STEELE, HENRY D.**
STREET ADDRESS **710 WILLOW DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL**

TITILE **D** ☐ Delete
NAME **KENNEDY, EARL W**
STREET ADDRESS **2281 SOMERSET RIDGE DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33971**

TITILE **VD** ☐ Delete
NAME **HARIMAN, ERNIE F**
STREET ADDRESS **28 COSMOPOLITAN DRIVE**
CITY-ST-ZIP **LEHIGH ACRES FL 33936**

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITILE ☐ Change ☐ Addition
NAME
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TITILE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/04 239-369-5684

Date

Daytime Phone #