


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90222 047 ****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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
23-7040156	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
STEELE, HENRY D 710 WILLOW DRIVE LEHIGH ACRES FL 33936

7. Name and Address of New Registered Agent
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	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> Delete
NAME	STEELE, HENRY D.
STREET ADDRESS	710 WILLOW DRIVE
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, EARL W
STREET ADDRESS	2281 SOMERSET RIDGE DRIVE
CITY-ST-ZIP	LEHIGH ACRES FL 33971
TITLE	<input type="checkbox"/> Delete
NAME	VD HARIMAN, ERNIE F
STREET ADDRESS	28 COSMOPOLITAN DRIVE
CITY-ST-ZIP	LEHIGH ACRES FL 33936
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'Angelo, Lawrence J.
STREET ADDRESS	206 Tree Swallow Ct.
CITY-ST-ZIP	Lehigh Acres, FL 33936
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **Henry D. Steele** **4/23/05** **239 369 5684**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #