

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N44797** (1)

1. Corporation Name

**DISABLED AMERICAN VETERANS AUXILIARY, POLK COUNTY  
UNIT NO. 28, INC.**

Principal Place of Business

Mailing Address

**303 S. VETERANS AVE.  
LAKELAND FL 33801**

**303 S. VETERANS AVE.  
LAKELAND FL 33801**



3. Date Incorporated or Qualified <b>08/22/1991</b>	3a. Date of Last Report <b>02/02/1995</b>
4. FEI Number <b>23-7331197</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

## 9. Name and Address of Current Registered Agent

**RUST RITA  
1728 ATHENS CT. DECEASED  
LAKELAND FL 33803**

## 10. Name and Address of New Registered Agent

81 Name <b>GLADYS SMELTZ</b>
82 Street Address P.O. Box Number Is Not Acceptable <b>6335 LAKE LUTHER RD</b>
83 City <b>LAKELAND</b>
84 State <b>FL</b>
85 Zip <b>33803</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **GLADYS E Smeltz** *GLADYS Smeltz* **2/1/96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when installing.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>VILANDRE, BLANCHE</b>		1.2 NAME	
STREET ADDRESS <b>P.O. BOX 1863 N/A</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HALLADAY, LOUISE</b>		2.2 NAME <b>OLLIE MASON</b>	
STREET ADDRESS <b>3460 SLEEPY HILL RD</b>		2.3 STREET ADDRESS <b>490 DOROTHY ST W</b>	
CITY-ST-ZIP <b>LAKELAND FL</b>		2.4 CITY-ST-ZIP <b>BARTOW FL 33830</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BOATFIELD, MILDRED</b>		3.2 NAME	
STREET ADDRESS <b>500 SPRING LAKE CT NW</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>WINTER HAVEN FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SMELTZ, GLADYS</b>		4.2 NAME	
STREET ADDRESS <b>6335 LAKE LUTHER RD</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **GLADYS SMELTZ** *GLADYS Smeltz* **2/1/96** **499-2764**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)