

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N44797** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **6335 Lake Luther Rd**
Suite, Apt. #, etc

22 City & State

27 **Lakeland FL**
City & State

23 Zip

Country

28 **33805**
Zip

Country

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9. Name and Address of Current Registered Agent

**SMELTZ, GLADYS
6335 LAKE LUTHER ROAD
LAKELAND FL 33805**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	MASON, OLLIE	
STREET ADDRESS	490 DOROTHY ST. W.	
CITY - ST - ZIP	BARTOW FL	
TITLE	SVD	<input checked="" type="checkbox"/> DELETE
NAME	BOSTAIN, CATHERINE	
STREET ADDRESS	3829 OLD SALEM RD.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	PRICE, MICHELLE	
STREET ADDRESS	2114 DIANE ST.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMELTZ, GLADYS	
STREET ADDRESS	6335 LAKE LUTHER RD	
CITY - ST - ZIP	LAKELAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MICHELE PRICE	
1.3 STREET ADDRESS	2114 DIANE ST	
1.4 CITY - ST - ZIP	LAKELAND FL 33803	
2.1 TITLE	SVD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOROTHY GARTRELL	
2.3 STREET ADDRESS	69 LAKE BELLAH DR	
2.4 CITY - ST - ZIP	LAKELAND FL 33815	
3.1 TITLE	VCD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ALICE DU VALL	
3.3 STREET ADDRESS	4906 CELIA CIR	
3.4 CITY - ST - ZIP	LAKELAND FL 33813	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/98

Date

Daytime Phone #

CR2E037 (10/97)