

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90068 046 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44797**

1. Corporation Name

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

Principal Place of Business

303 S. VETERANS AVE.  
LAKELAND FL 33801

Mailing Address

6335  
LAKE LUTHER RD  
LAKELAND FL 3380  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/22/1991
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	23-7331197
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	\$8.75 Additional Fee Required
Zip	Country	6. Election Campaign Financing <input type="checkbox"/>
24	29	\$5.00 May Be Added to Fees
25	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

SMELTZ, GLADYS  
6335 LAKE LUTHER ROAD  
LAKELAND FL 33805

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	CD MARY OSBORNE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, MICHELE	1.2 NAME	200 E ROBSON ST #18
STREET ADDRESS	2114 DIANE ST	1.3 STREET ADDRESS	LAKELAND FL 33805-1929
CITY-ST-ZIP	LAKELAND FL 33803	1.4 CITY-ST-ZIP	
TITLE	SVD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SCD Rachel HAMILTON <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTRELL, DOROTHY	2.2 NAME	200 E ROBSON ST #46
STREET ADDRESS	69 LAKE BEULAH DR	2.3 STREET ADDRESS	LAKELAND FL 33805-1929
CITY-ST-ZIP	LAKELAND FL 3381	2.4 CITY-ST-ZIP	
TITLE	VCD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VCD FLORA MERRIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVALL, ALICE	3.2 NAME	3703 MAXWELL RD
STREET ADDRESS	4906 CELIA CIR	3.3 STREET ADDRESS	PLANT CITY 33566
CITY-ST-ZIP	LAKELAND FL 3381	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD SAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMELTZ, GLADYS	4.2 NAME	
STREET ADDRESS	6335 LAKE LUTHER RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)