FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45843 (2)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, INC.

Principal Place of Business	Mailing Address
21428 LAKE SHARON DR LAND O' LAKES FL 34639	21428 LAKE SHARON DR LAND O' LAKES FL 34639

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/01/1991
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-3101330 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

NICHOLS, CLARA A.
21428 LAKE SHARON DR
LAND O' LAKES FL 34639

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Clara A. Nichols — 04/25/1995
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	D	1.1 TITLE	P ☐ Change ☐ Addition
NAME	GRANGER, MARY JANE	1.2 NAME	Jensen, Antonia
STREET ADDRESS	1819 VANDEVORT RD	1.3 STREET ADDRESS	7426 St. Mathew R
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Land o' Lakes, FL.
TITLE	P	2.1 TITLE	V ☑ Change ☐ Addition
NAME	JENSEN, ANTONIA	2.2 NAME	Volk nah, Anna
STREET ADDRESS	7426 ST MATHEW RD	2.3 STREET ADDRESS	2508 Mobile Ave Dr. N.
CITY-ST-ZIP	LAND O'LAKES FL	2.4 CITY-ST-ZIP	Lutz, FL
TITLE	T	3.1 TITLE	D ☑ Change ☐ Addition
NAME	NEWBERRY, GERDA	3.2 NAME	McBride, Maidie
STREET ADDRESS	1909 SUNSET LN	3.3 STREET ADDRESS	14921 Leonard Rd
CITY-ST-ZIP	LUTZ FL	3.4 CITY-ST-ZIP	Lutz, FL
TITLE	VP	4.1 TITLE	D ☐ Change ☐ Addition
NAME	KNIGHT, ALICE	4.2 NAME	Baker Louise
STREET ADDRESS	2210 KNIGHTS RD	4.3 STREET ADDRESS	22161 Dupree Dr.
CITY-ST-ZIP	LAND O'LAKES FL	4.4 CITY-ST-ZIP	Land o' Lakes
TITLE	D	5.1 TITLE	T ☐ Change ☐ Addition
NAME	BAKER, LOUISE	5.2 NAME	Newberry, Gerda
STREET ADDRESS	22161 DUPREE DR	5.3 STREET ADDRESS	1909 Sunset Lane
CITY-ST-ZIP	LAND O'LAKES FL	5.4 CITY-ST-ZIP	Lutz, FL.
TITLE	S	6.1 TITLE	S ☐ Change ☐ Addition
NAME	WEINFURTER, ANNA	6.2 NAME	Weinfurter, Anna
STREET ADDRESS	4736 LAKE MITCHELL RD	6.3 STREET ADDRESS	4736 Lake Mitchell Rd
CITY-ST-ZIP	LAND O'LAKES FL	6.4 CITY-ST-ZIP	Land o' Lakes, FL

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: Clara C. Nichols — 4-24-95 — 813-949-7323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #