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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N45843** (2)  
1. Corporation Name  
**DISABLED AMERICAN VETERANS AUXILIARY, INC.**

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

Mailing Address  
**21428 LAKE SHARON DR  
LAND O' LAKES FL 34639**



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3. Date Incorporated or Qualified **11/01/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number <b>59-3101330</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. Zip Code	<b>FL</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

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	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>VOLKMAN, ANNA</b>	
STREET ADDRESS	<b>2508 N MOBILAIRE DR</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>JENSEN, ANTONIA</b>	
STREET ADDRESS	<b>7426 ST MATHEW RD</b>	
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>NEWBERRY, GERDA</b>	
STREET ADDRESS	<b>1909 SUNSET LANE</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCBRIDGE, MAIDIE</b>	
STREET ADDRESS	<b>11921 LEONARD RD</b>	
CITY-ST-ZIP	<b>LUTZ FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BAKER, LOUISE</b>	
STREET ADDRESS	<b>22161 DUPREE DR</b>	
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WEINFURTER, ANNA</b>	
STREET ADDRESS	<b>4736 LAKE MITCHELL RD</b>	
CITY-ST-ZIP	<b>LAND O'LAKES FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Anna Volkman</b>	
1.3 STREET ADDRESS	<b>2508 N. Mobilaire Dr.</b>	
1.4 CITY-ST-ZIP	<b>Lutz FL</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jensen Antonia</b>	
2.3 STREET ADDRESS	<b>7426 St. Mathews Rd</b>	
2.4 CITY-ST-ZIP	<b>Land o' Lakes, FL</b>	
3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Henry Nancy</b>	
3.3 STREET ADDRESS	<b>21725 Bell Lake Rd</b>	
3.4 CITY-ST-ZIP	<b>Land o' Lakes, FL</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Adrienne Mitchell</b>	
4.3 STREET ADDRESS	<b>22412 Cypress Trail</b>	
4.4 CITY-ST-ZIP	<b>Lutz, FL</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Baker, Louise</b>	
5.3 STREET ADDRESS	<b>22161 Dupree Dr.</b>	
5.4 CITY-ST-ZIP	<b>Land o' Lakes, FL</b>	
6.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Newberry Gerda</b>	
6.3 STREET ADDRESS	<b>1909 Sunset Lane</b>	
6.4 CITY-ST-ZIP	<b>Lutz FL</b>	

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:

*Gerda C. Newberry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-6-96**  
Date

**813-944-7323**  
Daytime Phone #

CR2E037 (12/95)