


FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 34639-3604**



3. Date Incorporated or Qualified **11/01/1991** 3a. Date of Last Report **05/10/1996**

2. Principal Place of Business

21 22161 DUPREE DRIVE

Suite, Apt. #, etc.

22 LAND O' LAKES, FLORIDA

City & State

23

Zip

24 34639

Country

25 USA

2a. Mailing Address

26 22161 DUPREE DRIVE

Suite, Apt. #, etc.

27 LAND O' LAKES, FLORIDA

City & State

28

Zip

29 34639

Country

30 USA

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

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

BAKER, LOUISE M.

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

22161 DUPREE DRIVE

83

LAND O' LAKES

84 City

FL

85 Zip Code

34639

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 *Louise M. Baker*

LOUISE M BAKER

4/15/97
DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **VOLKMAN, ANNA**
STREET ADDRESS **2508 N MOBILAIRE DR**
CITY-ST-ZIP **LUTZ FL**

TITLE **V** ☐ DELETE

NAME **JENSEN, ANTONIA**
STREET ADDRESS **7426 ST MATHEW RD**
CITY-ST-ZIP **LAND O' LAKES FL**

TITLE **S** ☒ DELETE

NAME **NEWBERRY, GERDA**
STREET ADDRESS **1909 SUNSET LANE**
CITY-ST-ZIP **LUTZ FL**

TITLE **T** ☐ DELETE

NAME **HENRY, NANCY**
STREET ADDRESS **21725 BELL LAKE RD.**
CITY-ST-ZIP **LAND O LAKES FL**

TITLE **D** ☐ DELETE

NAME **BAKER, LOUISE**
STREET ADDRESS **22161 DUPREE DR**
CITY-ST-ZIP **LAND O' LAKES FL**

TITLE **D** ☒ DELETE

NAME **ADRIENNE, MITCHELL**
STREET ADDRESS **22912 CYPRESS TRAIL**
CITY-ST-ZIP **LUTZ FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P** ☒ Change ☐ Addition

1.2 NAME **MITCHELL, ADRIENNE F.**
1.3 STREET ADDRESS **22912 CYPRESS TRAIL DRIVE**
1.4 CITY-ST-ZIP **LUTZ, FL**

2.1 TITLE **V** ☒ Change ☐ Addition

2.2 NAME **MARCUM, VIRGINIA**
2.3 STREET ADDRESS **20215 SHETLAND LAKE**
2.4 CITY-ST-ZIP **BROOKSVILLE, FL 34610**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **JENSEN, ANTONIA**

5.3 STREET ADDRESS **7426 ST MATHEW RD**

5.4 CITY-ST-ZIP **LAND O' LAKES**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME **GUTTING, FRANCES**

6.3 STREET ADDRESS **23510 PINE LAKE ST**

6.4 CITY-ST-ZIP **LLAND O' LAKES**

14. I do 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.

CR2E037 (9/96)