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May 05 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 # **N45843** (2)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, INC.

Principal Place of Business 22161 DUPREE DR LAND O' LAKES FL 34639 US	Mailing Address 22161 DUPREE DR LAND O' LAKES FL 34639 US
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2. Principal Place of Business 21 5401 LAND O' LAKES BLVD Suite, Apt. #, etc. 22 COMMUNITY CENTER City & State 23 LAND O' LAKES, FLORIDA Zip 24 34639	2a. Mailing Address 25 5401 LAND O' LAKES BLVD Suite, Apt. #, etc. 26 COMMUNITY CENTER City & State 27 LAND O' LAKES, FLORIDA Zip 28 34639 Country 29 USA
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b. Name and Address of Current Registered Agent BAKER, LOUISE M 22161 DUPREE DR LAND O' LAKES FL 34639	
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3. Date Incorporated or Qualified 11/01/1991	Applied For Not Applicable
4. FEI Number 59-3101330	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	<i>Louise M. Baker</i> <small>(NOTE: Registered Agent signature required when reinstating)</small> DATE 4/26/98

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE P MITCHELL, ADRIENNE F 22912 CYPRESS TRAIL DRIVE LUTZ FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE V MARCUM, VIRGINIA 20215 SHETLAND LANE BROOKSVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE T HENRY, NANCY 21725 BELL LAKE RD. LAND O LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D BAKER, LOUISE 22161 DUPREE DR LAND O' LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE D JENSON, ANTONIA 7426 ST MATHEW RD LAND O' LAKES FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.
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SIGNATURE: NANCY A. HENRY	<i>Nancy A. Henry</i> 4/26/98 (86) 996-6832
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CP2E037 (10/97)