

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katharine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90005 028 ****61.25

DOCUMENT # N45843 ✓

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 21725 BELL LAKE ROAD

26 21725 BELL LAKE ROAD

11/01/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

City & State

27

City & State

59-3101330

Not Applicable

23

LAND O'LAKES, FL

28

LAND O'LAKES, FL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24

34639

25

USA

29

34639

30

USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUISE BAKER

22161 DUPREE DRIVE

LAND O'LAKES, FL 34639

81 Name

HENRY, NANCY A.

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

21725 BELL LAKE ROAD

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 NANCY A. HENRY, TREASURER

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D BAKER, LOUISE ☒ DELETE
NAME
STREET ADDRESS 22161 DUPREE DRIVE
CITY-ST-ZIP LAND O'LAKES, FL 34639

1.1 TITLE TD ☒ Change ☐ Addition
1.2 NAME HENRY, NANCY A.
1.3 STREET ADDRESS 21725 BELL LAKE ROAD
1.4 CITY-ST-ZIP LAND O'LAKES, FL 34639

TITLE D. ☒ DELETE
NAME MARCUM, VIRGINIA
STREET ADDRESS 20215 SHETLAND LANE
CITY-ST-ZIP BROOKSVILLE, FL 34610

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME GUTTING, FRANCES J
2.3 STREET ADDRESS 23510 PINE LAKE STREET
2.4 CITY-ST-ZIP LAND O'LAKES, FL 34639

TITLE D ☐ DELETE
NAME VOLKMAN, ANNA
STREET ADDRESS 2508 MOBILAIRE DRIVE
CITY-ST-ZIP LUTZ, FL 33549

3.1 TITLE D ☐ Change ☐ Addition
3.2 NAME JENSON, ANTONIA
3.3 STREET ADDRESS 7426 ST. MATHEW ROAD
3.4 CITY-ST-ZIP LAND O'LAKES, FL 34639

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME MITCHELL, ADRIENNE F.
4.3 STREET ADDRESS 22912 CYPRESS TRAIL DRIVE
4.4 CITY-ST-ZIP LUTZ, FL 33549

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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)