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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N46795 (3)

1. Corporation Name

DISABLED AMERICAN VETERANS AUXILIARY SUWANNEE ME
MORIAL # 126 INC.

Principal Place of Business

Mailing Address

DAV OFFICE
LIVE OAK FL 32060
US226 PARSHLEY ST.
LIVE OAK FL 32060-2339
US

DATA Office - 226 Parshley St.

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/13/1992

3a. Date of Last Report

02/08/1996

4. FEI Number

51-0183078

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

10. Name and Address of New Registered Agent

MCMULLEN, SUSIE L.
1115 SW BLACKBURN
LIVE OAK FL 32060

81 Name

Susie L. McMullen

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

1115 SW. Blackburn

83

84 City

Live Oak

FL

85 Zip Code

32060

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

Susie L. McMullen

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 PC
NAME CREWS, BONNIE
STREET ADDRESS RT. 6, BOX 695/NA
CITY-ST-ZIP LIVE OAK FL☐ DELETETITLE DT
NAME TAYLOR, FERN
STREET ADDRESS RT 1 BOX 164 D/NA
CITY-ST-ZIP LIVE OAK, FL☐ DELETETITLE C
NAME MCMULLEN, SUSIE L.
STREET ADDRESS 1115 SW BLACKBURN
CITY-ST-ZIP LIVE OAK FL☐ DELETETITLE DS
NAME LOUD, HOPE
STREET ADDRESS RT. 2 BOX 799
CITY-ST-ZIP BRANFORD FL☐ DELETETITLE D
NAME RICE, CLARITA
STREET ADDRESS 318 NW SCRIVEN
CITY-ST-ZIP LIVE OAK FL☐ DELETETITLE D
NAME CHILDRESS, RUTH
STREET ADDRESS 408 HAWKINS
CITY-ST-ZIP LIVE OAK FL☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PC
1.2 NAME Crews, Bonnie
1.3 STREET ADDRESS 9095 '137RD
1.4 CITY-ST-ZIP Live, Oak, FL 32060☒ Change☐ Addition2.1 TITLE D.T.
2.2 NAME Taylor, Fern
2.3 STREET ADDRESS 11532 24TH St.
2.4 CITY-ST-ZIP Live Oak, FL 32060☒ Change☐ Addition3.1 TITLE C
3.2 NAME Loud, Hope
3.3 STREET ADDRESS 3984 274 St.
3.4 CITY-ST-ZIP Branford, FL☒ Change☐ Addition4.1 TITLE D.S.
4.2 NAME Susie L. Mc. Mullen
4.3 STREET ADDRESS 1115 S.W. Black, Barn
4.4 CITY-ST-ZIP Live Oak, FL 32060☒ Change☐ Addition5.1 TITLE D
5.2 NAME Rice, Clarita
5.3 STREET ADDRESS 318 N.W. Scriven
5.4 CITY-ST-ZIP Live Oak, FL 32060☐ Change☐ Addition6.1 TITLE D.
6.2 NAME Childress, Ruth
6.3 STREET ADDRESS 1007 Suwannee Ave
6.4 CITY-ST-ZIP Live Oak, FL 32060☒ Change☐ Addition

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.

SIGNATURE:

SIGNATURE REQUIRED

Susie L. McMullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000762

CR2E037 (9/96)