

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 03 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 US	226 PARSHLEY ST. LIVE OAK FL 32060 US

*DAV OFFICE* *226 PARSHLEY ST.*

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 <i>Live Oak, FL</i>	27 <i>Live Oak</i>
23 City & State	28 <i>Live Oak</i>
24 Zip <i>32060</i>	29 Zip <i>32060</i>
25 Country <i>USA</i>	30 Country <i>USA</i>

3. Date Incorporated or Qualified
<b>01/13/1992</b>

4. FEI Number	Applied For
<b>51-0183078</b>	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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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 <i>NA</i>
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9. Name and Address of Current Registered Agent	
McMullen, Susie L. 1115 SW BLACKBURN LIVE OAK FL 32060  <i>Susie L. McMullen</i>	

10. Name and Address of New Registered Agent	
81 Name	<i>McMULLEN SUSIE L.</i>
82 Street Address (P.O. Box Number is Not Acceptable)	<i>1115 SW BLACKBURN</i>
83	
84 City	<i>LIVE OAK</i>
85 Zip Code	<i>FL 32060</i>

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
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12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	CREWS, BONNIE
STREET ADDRESS	9095 137 RD
CITY-ST-ZIP	LIVE OAK FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	TAYLOR, FERN
STREET ADDRESS	11533 24 ST
CITY-ST-ZIP	LIVE OAK, L
TITLE	C <input type="checkbox"/> DELETE
NAME	LOUD, HOPE
STREET ADDRESS	3948 274 ST
CITY-ST-ZIP	BRANFORD FL
TITLE	DS <input type="checkbox"/> DELETE
NAME	McMULLEN, SUSIE L.
STREET ADDRESS	1115 SW BLACK BURN
CITY-ST-ZIP	LIVE OAK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RICE, CLARITA
STREET ADDRESS	318 NW SCRIVEN
CITY-ST-ZIP	LIVE OAK FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHILDRESS, RUTH
STREET ADDRESS	1007 SUWANNEE AVE
CITY-ST-ZIP	LIVE OAK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>DS McMullen Susie L.</i>
4.3 STREET ADDRESS	<i>1115 SW BLACKBURN</i>
4.4 CITY-ST-ZIP	<i>LIVE OAK, FL.</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Susie L. McMullen* *2-19-98* *904-362-1701*

CR2E037 (10/97)