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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N46795					
1. Corporation Name DISABLED AMERICAN VETERANS AUXILIARY SUWANNEE ME MORIAL # 126 INC.					
Principal Place of Business DAV OFFICE LIVE OAK FL 32060 US			Mailing Address 226 PARSHLEY ST. LIVE OAK FL 32060 US		
2. Principal Place of Business 21 DAV Office			2a. Mailing Address 226 Parshley St.		
Suite, Apt. #, etc. 22 Live Oak, FL.			Suite, Apt. #, etc. 27 Live Oak, FL.		
City & State 23 32060 U.S.A.			City & State 28 32060 U.S.A.		
Zip 24 32060			Zip 29 32060		
Country 25 U.S.A.			Country 30 U.S.A.		
9. Name and Address of Current Registered Agent MCMULLEN, SUSIE L. 1115 SW BLACKBURN LIVE OAK FL 32060			10. Name and Address of New Registered Agent 81 Name MCMULLEN SUSIE L. 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 <i>Susie L. McMullen</i> 3-3-99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE NAME PC CREWS, BONNIE STREET ADDRESS 9095 137 RD CITY-ST-ZIP LIVE OAK FL			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME PC CREWS BONNIE 1.3 STREET ADDRESS 9095 137 RD 1.4 CITY-ST-ZIP LIVE OAK FL 32060		
TITLE <input type="checkbox"/> DELETE NAME DT TAYLOR, FERN STREET ADDRESS 11533 24 ST CITY-ST-ZIP LIVE OAK, L			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME DT TAYLOR FERN W. 2.3 STREET ADDRESS 11533 24 ST 2.4 CITY-ST-ZIP LIVE OAK FL 32060		
TITLE <input checked="" type="checkbox"/> DELETE NAME C LOUD, HOPE STREET ADDRESS 3948 274 ST CITY-ST-ZIP BRANFORD FL			3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME SHELTON EVELYN 3.3 STREET ADDRESS 17311 10TH TERRACE 3.4 CITY-ST-ZIP LIVE OAK FL 32060		
TITLE <input type="checkbox"/> DELETE NAME DS MCMULLEN, SUSIE L STREET ADDRESS 1115 SW BLACK BURN CITY-ST-ZIP LIVE OAK FL			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME DS MCMULLEN SUSIE L. 4.3 STREET ADDRESS 1115 SW BLACKBURN 4.4 CITY-ST-ZIP LIVE OAK FL 32060		
TITLE <input type="checkbox"/> DELETE NAME D RICE, CLARITA STREET ADDRESS 318 NW SCRIVEN CITY-ST-ZIP LIVE OAK FL			5.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME PRICE CLARITA 5.3 STREET ADDRESS 1234 IRVIN AVE 5.4 CITY-ST-ZIP LIVE OAK FL 32060		
TITLE <input type="checkbox"/> DELETE NAME D CHILDRESS, RUTH STREET ADDRESS 1007 SUWANNEE AVE CITY-ST-ZIP LIVE OAK FL			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME D CHILDRESS, RUTH 6.3 STREET ADDRESS 1007 SUWANNEE AVE 6.4 CITY-ST-ZIP LIVE OAK FL 32060		

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: *Susie L. McMullen*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (11/98)