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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 MEMORIAL # 126 INC.

Principal Place of Business

DAV OFFICE  
LIVE OAK FL 32060  
US

Mailing Address

226 PARSHLEY ST.  
LIVE OAK FL 32060  
US



DAVA Office

226 Parshley St.

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
01/13/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

22 Live Oak, FL.  
City & State

27 Live Oak, FL.  
City & State

51-0183078

Not Applicable

23 32060 U.S.A.  
Zip Country

28 32060  
Zip Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 25 29 30 U.S.A.

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

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

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 Susie L. McMullen

3-3-99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PC  
NAME CREWS, BONNIE  
STREET ADDRESS 9095 137 RD  
CITY-ST-ZIP LIVE OAK FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
PC CREWS BONNIE  
9095 137 RD  
LIVE OAK FL 32060

TITLE DT  
NAME TAYLOR, FERN  
STREET ADDRESS 11533 24 ST  
CITY-ST-ZIP LIVE OAK, L

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
DT TAYLOR FERN W.  
11533 24 ST.  
LIVE OAK FL 32060

TITLE C  
NAME LOUD, HOPE  
STREET ADDRESS 3948 274 ST  
CITY-ST-ZIP BRANFORD FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
SHELTON EVELYN  
17311 10TH TERRACE  
LIVE OAK FL 32060

TITLE DS  
NAME MCMULLEN, SUSIE L  
STREET ADDRESS 1115 SW BLACK BURN  
CITY-ST-ZIP LIVE OAK FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
DS MCMULLEN SUSIE L.  
1115 SW BLACKBURN  
LIVE OAK FL 32060

TITLE D  
NAME RICE, CLARITA  
STREET ADDRESS 318 NW SCRIVEN  
CITY-ST-ZIP LIVE OAK FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
D RICE CLARITA  
1234 IRVIN AVE  
LIVE OAK FL 32060

TITLE D  
NAME CHILDRESS, RUTH  
STREET ADDRESS 1007 SUWANNEE AVE  
CITY-ST-ZIP LIVE OAK FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
D CHILDRESS RUTH  
1007 SUWANNEE AVE.  
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

Susie L. McMullen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)