

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # N46795

1. Entity Name
**DISABLED AMERICAN VETERANS AUXILIARY
SUWANNEE MEMORIAL # 126 INC.**



Principal Place of Business
**DAVA OFFICE
LIVE OAK, FL 32060 US**

Mailing Address
**226 PARSHLEY ST.
LIVE OAK, FL 32060 US**



03092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0183078

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

Susie L. McMiller

(NOTE: Registered Agent signature required when reinstating)

3-9-07

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	CRÉWS, BONNIE
STREET ADDRESS	9095 137TH RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	DT
NAME	TAYLOR, FERN
STREET ADDRESS	11533 24TH ST
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	PC
NAME	SMITH, ANNIE A
STREET ADDRESS	9095 137TH RD
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	DS
NAME	MCMULLEN, SUSIE L
STREET ADDRESS	1115 SW BLACK BURN
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	DEPASS, DOROTHY
STREET ADDRESS	1224 IRVIN AVE
CITY-ST-ZIP	LIVE OAK, FL 32060
TITLE	D
NAME	CHILDRESS, RUTH
STREET ADDRESS	1007 SUWANNEE AVE
CITY-ST-ZIP	LIVE OAK, FL 32060

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03/22/07-80027-005 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Fern W. Taylor, DT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/07

DATE

Daytime Phone #