


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 07, 2008 8:00 am
Secretary of State

04-04-2008 90015 011 ****61.25

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 32064			
DO NOT WRITE IN THIS SPACE					
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: <u><i>Susie L. McMullen</i></u>		DATE: <u>5-20-08</u>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE			
TITLE C NAME CREWS, BONNIE STREET ADDRESS 9095 137TH RD CITY-ST-ZIP LIVE OAK, FL 32080	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				
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: <u><i>Susie L. McMullen</i></u>				DATE: <u>5-5-08</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				DAYTIME PHONE: _____	

66009955



03182008 No Chg-NP CR2E037 (4/06)

4. FEI Number
51-0183078

Applied For
Not Applicable

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