2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 12, 2011
Secretary of State

DOCUMENT# N46795

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

Current Principal Place of Business:

226 PARSHLEY ST SW
LIVE OAK, FL 32064 US

New Principal Place of Business:

Current Mailing Address:

226 PARSHLEY ST
LIVE OAK, FL 32064 US

New Mailing Address:

FEI Number: 51-0183078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, ANNIE A
9095 137TH RD
LIVE OAK, FL 32060 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DC
Name: CREWS, BONNIE A
Address: 9095 137TH RD
City-St-Zip: LIVE OAK, FL 32060 US

Title: DT
Name: SMITH, ANNIE A
Address: 9095 137TH RD
City-St-Zip: LIVE OAK, FL 32060 US

Title: D
Name: DUKE, SALLY
Address: 18173 10TH TR
City-St-Zip: LIVE OAK, FL 32060 US

Title: D
Name: MILLER, MARILYN D
Address: 11492 SE 50TH DR
City-St-Zip: JASPER, FL 32052 US

Title: D
Name: DEPASS, DOROTHY
Address: 311 WOODD AV SW
City-St-Zip: LIVE OAK, FL 32064 US

Title: D
Name: CHILDRESS, RUTH
Address: 1007 SUWANNEE AVE
City-St-Zip: LIVE OAK, FL 32064 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANNIE SMITH ADJ 05/12/2011
Electronic Signature of Signing Officer or Director Date