

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90072 015 ****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~~ 32064
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Suwannee

Zip

Country

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

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-6-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☐ Delete
NAME **CREWS, BONNIE**
STREET ADDRESS **9095 137TH RD**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **TAYLOR, FERN**
STREET ADDRESS **11533 24TH ST**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PC** ☐ Delete
NAME **SHELTON, EVELYN**
STREET ADDRESS **17311 10TH TERR**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DS** ☐ Delete
NAME **MCMULLEN, SUSIE L**
STREET ADDRESS **1115 SW BLACK BURN**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **RICE, CLARITA**
STREET ADDRESS **1224 IRVIN AVE**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CHILDRESS, RUTH**
STREET ADDRESS **1007 SUWANNEE AVE**
CITY-ST-ZIP **LIVE OAK FL 32060**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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* **3-6-03** **(407) 842-2262**

CR2E037 (10/02)