## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

SIGNATURE:

N47216

(9)

DISABLED AMERICAN VETERANS AUXILIARY, MORRIS C. CLARK UNIT #6, INC.

| Principal Place of Business Mailing Address     |  |  |              |   |  |   |                                 |                         |                                |  |  |
|---|--|--|--------------|---|--|---|---------------------------------|-------------------------|--------------------------------|--|--|
| 46 MASTERS<br>St. AUGUSTI                       | 46 MASTERS DRIVE   | ~  |              |   |  |   |                                 |                         |                                |  |  |
|   |  |  |              |   |  | 3. Date Incorporated or Qualified 02/07/1992  | 3a. Date 6                      | of Last R<br>3/01/19    |                                |  |  |
| 2. Principal Pla                                | ace of Business  | 2a. Mailing Address<br>26  |              |   |  | 4. FEI Number 59-2529950  | Applied For<br>Not Applicable   |                         |                                |  |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc.  |              |   |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required  |                         |                                |  |  |
| City & State                                    |  | City & State   | <del> </del> |   |  | Election Campaign Financing     Trust Fund Contribution   | S5.00 May Be Added to Fees      |                         |                                |  |  |
| Ζιρ   | Country Zip Cc 25 29 30  |  |              | ountry  8. This corporation has liability for intangible t Florida Statutes |  |   | ntangible tax u                 |                         |                                |  |  |
| 9. Name and Address of Current Registered Agent |  |  |              |   | 10. Name and Address of New Registered Agent |   |                                 |                         |                                |  |  |
|   |  |  |              | 81  | Name   |   |                                 |                         |                                |  |  |
| ELLIOTT, CARLA JEAN                             |  |  |              | 82  | Street Ad                                    | Address (P.O. Box Number is Not Acceptable)   |                                 |                         |                                |  |  |
|   | JSKOGEAN ST.<br>Bustine FL 32092   |  | 83           |   |  |   |                                 |                         |                                |  |  |
|   |  |  |              | 84  | City   |   | FL                              | 35 Žip                  | Code                           |  |  |
| or registere<br>familiar wit<br>SIGNATURE       | o the provisions of Sections 617.050;<br>ed agent, or both, in the State of Flori<br>h, and accept the obligations of, Sec<br>Standard, typed or partial name of registerio agen | ida. Such change was authoriz<br>tion 617.0503, Florida Statutes | ed by the    | corp  | oration's b                                  | poration submits this statement for the purp<br>pard of directors. I hereby accept the apportunity and the purp<br>area when resistating! | oose of chang<br>intment as rec | ng its re<br>pistered a | gistered office<br>agent. I am |  |  |
|   |  |  |              |   | it agridiant req                             | ADDITIONS/CHANGES TO OFF  |                                 | RECTOE                  | S IN 12                        |  |  |
| TITLE   | PD   | DELETE   | 13.<br>1.1 J |   |  | TECHNOLOGICAL TO CALL   |                                 | hange                   | Addition                       |  |  |
| NAME  | BOYD, MARTHA   |  | 1.2 N        |   |  | Elliott, Carla  | L_1                             |                         |                                |  |  |
| STREET ADDRESS                                  | IA LEGULADOL GENERAL   |  |              |   | ADDRESS                                      |   |                                 |                         |                                |  |  |
| CITY-SI-ZIF                                     | AT AMANATHE E  |  |              |   |  | St. Augustine, FL   | •                               |                         |                                |  |  |
| TITLE   | TD   | DELETE   | 211          |   | 11 - 121                                     | be. Augustine, 12   |                                 | Change                  | Addition                       |  |  |
| NAMÉ  | ELLIOTT, CARLA   | -  | 22 N         |   |  | Mollgren, Mary  |                                 | v                       |                                |  |  |
| STREET ADDRESS                                  | 5470 MUSKOGEAN ST  |  | 2 3 STREET   |   | ADDRESS                                      | 32 Fullerwood Dr.   |                                 |                         |                                |  |  |
| C-TY-ST-ZIP                                     | AT ALIQUATIVE EL   |  |              |   | ST-ZIP                                       | St. Augustine, FL   |                                 |                         |                                |  |  |
| TITLE   | SD   | DELETE   | 3 1 TITLE    |   |  |   |                                 | Change                  | Addition                       |  |  |
| NAME  | BEVERLY, NINA L  |  | 32 N         | AME   | ļ  |   |                                 |                         |                                |  |  |
| STREET ADDRESS                                  | 8 JOINER ST.   |  | 335          | TREET   | ADDRESS                                      |   |                                 |                         |                                |  |  |
| CITA - S.I - SIn                                | ST. AUGUSTINE FL   |  | 34 (         | CHY   | ST - ZIP                                     |   |                                 |                         |                                |  |  |
| TITLE   |  | DELETE   | 411          | ITLE  |  |   |                                 | Change                  | ☐ Addition                     |  |  |
| NAME  |  |  | 4. 21        | MAN   |  |   |                                 |                         |                                |  |  |
| STREET ADDRESS                                  |  |  | 4.3 S        | TREET   | ADDRESS                                      |   |                                 |                         |                                |  |  |
| CITY - ST - ZIP                                 |  |  |              | •   | T - ZIP                                      |   |                                 |                         |                                |  |  |
| TITLE   |  | [_]DELETE  | 5 1 I        |   |  |   |                                 | Change                  | ☐ Addition                     |  |  |
| NAME  |  |  | 5 2 N        |   |  |   |                                 |                         |                                |  |  |
| STREET ADDRESS                                  |  |  |              |   | ADORESS                                      |   |                                 |                         |                                |  |  |
| C(TY - ST - Z(P                                 |  | Proper   |              |   | SI - ZIP                                     | · · · · · · · · · · · · · · · · · · ·   |                                 | Ohnes:                  | D Address                      |  |  |
| TIFLE   |  | DELETE   | 61 T         |   |  |   | الــا                           | Change                  | ☐ Addit on                     |  |  |
| NAME  |  |  | 62 N         |   |  |   |                                 |                         |                                |  |  |
| STREET ADDRESS                                  |  |  |              |   | ADDRESS                                      |   |                                 |                         |                                |  |  |
| CITY-ST-ZIP                                     |  |  | 640          | ) TY - S  | ST-ZIP                                       |   |                                 |                         |                                |  |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

Signature and typed of printed name of signing officer on director

Signature and typed of printed name of signing officer on director

Signature and typed of printed name of signing officer on director

CR2E037 (12/95)