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Feb 20 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Morihaw  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N47216 (9)

1. Corporation Name

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

Principal Place of Business

Mailing Address

46 MASTERS DRIVE  
ST. AUGUSTINE FL 3209546 MASTERS DRIVE  
ST. AUGUSTINE FL 32095-34653. Date Incorporated or Qualified  
02/07/19923a. Date of Last Report  
02/05/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

4. FEI Number  
59-2529950Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

## 9. Name and Address of Current Registered Agent

## 10. Name and Address of New Registered Agent

ELLIOTT, CARLA JEAN  
5470 MUSKOGEEAN ST.  
ST. AUGUSTINE FL 3209281 Name  
Elliott, Carla Jean82 Street Address (P.O. Box Number is Not Acceptable)  
630 W. Pope Rd. Apt. #45

83

84 City  
St. Augustine FL 85 Zip Code  
32084

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME ELLIOTT, CARLA  
STREET ADDRESS 5470 MUSKOGEEAN ST  
CITY-ST-ZIP ST AUGUSTINE FL1.1 TITLE PD ☐ Change ☐ Addition  
1.2 NAME Lee, Shirley  
1.3 STREET ADDRESS 2 Alice Street  
1.4 CITY-ST-ZIP St. Augustine, FLTITLE TD ☐ DELETE  
NAME MOLLGREN, MARY  
STREET ADDRESS 32 FULLERWOOD DR.  
CITY-ST-ZIP ST AUGUSTINE FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE SD ☐ DELETE  
NAME BEVERLY, NINA L.  
STREET ADDRESS 8 JOINER ST.  
CITY-ST-ZIP ST. AUGUSTINE FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 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: Nina L. Beverly 1-28-97 (904)824-4832

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #0001843

CR2E037 (9/96)