

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90139 038 ****61.25

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DOCUMENT # N47216

1. Corporation Name

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

Principal Place of Business

**46 MASTERS DRIVE
ST. AUGUSTINE FL 32095**

Mailing Address

**46 MASTERS DRIVE
ST. AUGUSTINE FL 32095**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/07/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2529950

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ELLIOTT, CARLA J
630 W POPE RD APT #45
ST AUGUSTINE FL 32084**

81 Name

Elliott, Carla J.

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

228 Lobelia Road

83

St. Augustine, FL 32086

84

*address change
only*

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statute:

for the purpose of changing its registered
accept the appointment as registered

SIGNATURE

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

(NOTE: Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **LEE, SHIRLEY**
CITY-ST-ZIP **2 ALICE ST
ST AUGUSTINE FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **MOLLGREN, MARY**
CITY-ST-ZIP **32 FULLERWOOD DR.
ST AUGUSTINE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **BEVERLY, NINA L.**
CITY-ST-ZIP **8 JOINER ST.
ST. AUGUSTINE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)