

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90080 010 \*\*\*\*61.25

DOCUMENT # N47216

1. Entity Name **DISABLED AMERICAN VETERANS AUXILIARY,  
MORRIS C.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**8 JOINER ST.**

Suite, Apt. #, etc.

3. Mailing Address

**NINA L. BEVERLY**

Suite, Apt. #, etc.

**8 JOINER ST.**

DO NOT WRITE IN THIS SPACE

City & State

**ST. AUGUSTINE, FL**

City & State

**ST. AUGUSTINE, FL**

4. FEI Number

**59-3754488**

Applied For

Not Applicable

Zip

Country

Zip

Country

**32084**

**ST. JOHNS**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

**ELLIOTT, CARLA J**

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

**228 LOBELIA RD.**

**ST AUGUSTINE, FL 32086**

City

**FL**

Zip Code

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25  
Initial or Amended UBR**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**PD  
ZIERS, JANE S.  
17 SO. LEONARDI ST.  
ST. AUGUSTINE, FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**TD  
MOLLGREN, MARY  
32 FULLERWOOD DR.  
ST. AUGUSTINE, FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**SD  
BEVERLY, NINA L.  
8 JOINER ST.  
ST. AUGUSTINE, FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

*Jane S. Ziers - Commander Unit 6 3-22-02 (904) 829-3218*

CR2E037B (12/01)