

FILE NOW: FILING FEE AFTER MAY 1, IS \$155.00

APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 AM 10:15

DOCUMENT # **N47613 (7)**

1. Corporation Name
CLARENCE W. BYERS SR. CHAPTER #83, DISABLED AMERICAN VETERANS, DEPARTMENT OF FLORIDA, INCORPORATED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| Principal Place of Business 409 N MOON ST. BRANDON FL 33510 | Mailing Address 409 N MOON ST. BRANDON FL 33510 |
|---|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 03/02/1992 | 3a. Date of Last Report 03/22/1994 |
| 4. FEI Number 59-6196139 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> \$68.75 Supplemental Fee Not Required | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 29 |
| Country 25 | Zip 30 |

9. Name and Address of Current Registered Agent
**ANDERSEN, MARTIN
409 N MOON ST.
BRANDON FL 33510**

10. Name and Address of New Registered Agent
81 Name **JOSEPH F. BRODERICK**
82 Street Address (P.O. Box Number is Not Acceptable)
1901 BELL SHOALS RD.
83
84 City **BRANDON** FL 85 Zip Code **33511**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0502, Florida Statutes.

SIGNATURE: *Joseph F. Broderick* DATE: **17 April 1995**

12. OFFICERS AND DIRECTORS

| | |
|--|--------------------------------------|
| TITLE P | NAME ANDERSEN, MARTIN |
| STREET ADDRESS 3111 FAIRLEA LN | CITY-STATE-ZIP VALRICO FL |
| TITLE D | NAME GALLAGHER, VINCENT P. |
| STREET ADDRESS 1909 MAY ST. | CITY-STATE-ZIP BRANDON FL |
| TITLE D | NAME HUDDLESTON, CALVIN C. |
| STREET ADDRESS 3206 HARNEY RD. | CITY-STATE-ZIP VALRICO FL |
| TITLE | NAME |
| STREET ADDRESS | CITY-STATE-ZIP |
| TITLE | NAME |
| STREET ADDRESS | CITY-STATE-ZIP |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| |
|--|
| 1.1 TITLE JOSEPH F. BRODERICK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME |
| 1.3 STREET ADDRESS 1901 BELL SHOALS RD |
| 1.4 CITY-STATE-ZIP BRANDON FL 33511 |
| 2.1 TITLE MARTIN ANDERSEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME |
| 2.3 STREET ADDRESS 3111 FAIRLEA LN |
| 2.4 CITY-STATE-ZIP VALRICO FL 33594 |
| 3.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME |
| 3.3 STREET ADDRESS WALLACE MURPHY |
| 3.4 CITY-STATE-ZIP PO BOX 706 NA BRANDON FL 33509 |
| 4.1 TITLE D KENNETH ANDERSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME |
| 4.3 STREET ADDRESS 201 WEST LAUREL ST. Unit 308 |
| 4.4 CITY-STATE-ZIP TAMPA FL 33602 |
| 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME |
| 5.3 STREET ADDRESS |
| 5.4 CITY-STATE-ZIP |
| 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME |
| 6.3 STREET ADDRESS |
| 6.4 CITY-STATE-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 110.07(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 mayor 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 or changed, if on an attachment with an address.

SIGNATURE: *Mark Anderson* DATE: **4 April 1995** 813-272-0551