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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47613 (7)

1. Corporation Name

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

Principal Place of Business

Mailing Address

409 N MOON ST.
BRANDON FL 33510

409 N MOON ST.
BRANDON FL 33510



3. Date Incorporated or Qualified

03/02/1992

4. FEI Number

59-6196139

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 115 W. CLAY AVE

26 P.O. Box 1707

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 BRANDON FL

28 VALRICO FL

Zip

Country

Zip

Country

24 33510

25 USA

29 33595-1707

30 USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐ \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEREDITH, JOHN R
208 LAKE PARSONS GRN
STE 801
BRANDON FL 33511

81 Name

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

83

84 City

FL

85 Zip Code

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 P ☐ DELETE

NAME BRODERICK, JOSEPH F
STREET ADDRESS 1901 BELL SHOALS RD
CITY-ST-ZIP BRANDON FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DS ☐ DELETE

NAME ANDERSON, MARTIN
STREET ADDRESS 3111 FAIRLEA LANE
CITY-ST-ZIP VALRICO FL

2.1 TITLE DS ☒ Change ☐ Addition

2.2 NAME EDDIE VAZQUEZ
2.3 STREET ADDRESS 1511 E. WHEELER RD.
2.4 CITY-ST-ZIP DEFFNER, FL. 33584

TITLE DT ☐ DELETE

NAME MEREDITH, JOHN R
STREET ADDRESS 208 LAKE PARSONS GRN STE 801
CITY-ST-ZIP BRANDON FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME ANDERSON, KENNETH
STREET ADDRESS 201 WEST LAUREL ST, UNIT 308
CITY-ST-ZIP TAMPA FL

4.1 TITLE D ☒ Change ☐ Addition

4.2 NAME MARTIN ANDERSON
4.3 STREET ADDRESS 3111 FAIRLEA LN.
4.4 CITY-ST-ZIP VALRICO FL. 33594

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.

SIGNATURE:  FEE REQUIRED

1/13/98 (813) 651-1257

CR2E037 (10/97)