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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N48832 (2)

1. Corporation Name
AGNES M TAYLOR CHAPTER 148, INC., DISABLED AMERI CAN VETERANS

Principal Place of Business	Mailing Address
21 E KEEN ST. KISSIMMEE FL 34744 US	~~PO BOX 700156~~ ~~ST CLOUD, FL~~ ~~ST. CLOUD FL 34770~~ ~~US~~

2. Principal Place of Business 21		2a. Mailing Address 26 P.O. Box 450788	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27 Kissimmee, FL.	
City & State 23		City & State 28 34745-0788	
Zip 24	Country 25	Zip 29	Country 30 OSCEOLA

3. Date Incorporated or Qualified: 05/12/1992
4. FEI Number: 31-1197150 ☐ Applied For ☐ Not Applicable
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

HENSON, JAMES M.
21 E. KEEN STREET
KISSIMMEE FL 34744

10. Name and Address of New Registered Agent

81 Name: EARLEY, GEORGE D.
82 Street Address (P.O. Box Number is Not Acceptable): 4750 WREN DR.
83
84 City: ST. CLOUD FL 85 Zip Code: 34772

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: EARLEY, GEORGE D. George D Earley 4/26/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOHNSON, WILLIAM H 210 MARYLAND AVE ST CLOUD FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V.D. WILLIAM R. ANDREWS 1019 - 11th ST. ST. CLOUD, FL. 34769.	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTA, RUSSELL A 2809 NEWCOMB LANE KISSIMMEE FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D CALISE, RALPH A. 664 HERALDO COURT KISSIMMEE, FL. 34758	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SNOW, CHARLES L SR 987 HICKORY COURT KISSIMME FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GOMEZ, WAYNE T 1613 WOODBAY COURT KISSIMMEE FL	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HENSON, JAMES M. 437 VERMONT AVE ST. CLOUD FL 34769	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ROCKHART, FLOYD L 404 GEORGIA AVE ST. CLOUD FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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: Am GEORGE D EARLEY SIGNATURE REQUIRED George D Earley 4/26/98 (407) 9576068