SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

FILED
Sep 21, 1999 8:00 am
Secretary of State
09-21-1999 90023 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N48832

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	P.O. BOX 450788 KISSIMMEE FL 34745 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/12/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 31-1197150 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

EARLEY, GEORGE D
4750 WREN DR
ST CLOUD FL 34772

10. Name and Address of New Registered Agent

81 Name: Baxter, Jerry L.
82 Street Address (P.O. Box Number is Not Acceptable): 2845 BAY AVE.
83
84 City: KISSIMMEE FL 85 Zip Code: 34744

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] 9-8-99
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	VD	☑ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	JOHNSON, WILLIAM H		1.2 NAME	ROCKHOLT, FLOYD L	
STREET ADDRESS	210 MARYLAND AVE		1.3 STREET ADDRESS	404 GEORGIA AVE	
CITY-ST-ZIP	ST CLOUD FL		1.4 CITY-ST-ZIP	ST. CLOUD FL.	
TITLE	D	☑ DELETE	2.1 TITLE	V	☐ Change ☑ Addition
NAME	MATTA, RUSSELL A		2.2 NAME	BAXTER, JERRY L	
STREET ADDRESS	2809 NEWCOMB LANE		2.3 STREET ADDRESS	2845 BAY AVE.	
CITY-ST-ZIP	KISSIMMEE FL		2.4 CITY-ST-ZIP	KISSIMMEE FL. 34744	
TITLE	VD	☑ DELETE	3.1 TITLE	T	☐ Change ☑ Addition
NAME	ANDREWS, WILLIAM R		3.2 NAME	KRSELL, MIKE	
STREET ADDRESS	1019-11TH STREET		3.3 STREET ADDRESS	501 POINSETTIA LANE	
CITY-ST-ZIP	ST CLOUD FL 34769		3.4. CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	D	☑ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	CALISE, RALPH A		4. 2 NAME	ANDREWS, BILL R	
STREET ADDRESS	604 HERALDO CT		4.3 STREET ADDRESS	1019 - 11TH ST.	
CITY-ST-ZIP	KISSIMMEE FL 34758		4.4 CITY-ST-ZIP	ST CLOUD FL. 34769	
TITLE	TSD	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	HENSON, JAMES M.		5.2 NAME	HINES, WOODROW SR.	
STREET ADDRESS	437 VERMONT AVE		5.3 STREET ADDRESS	2465 BRONCO DR.	
CITY-ST-ZIP	ST. CLOUD FL 34769		5.4 CITY-ST-ZIP	ST. CLOUD FL 34771	
TITLE	VD	☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	ROCKHART, FLOYD L		6.2 NAME	DRAPPANEX, PAUL	
STREET ADDRESS	404 GEORGIA AVE		6.3 STREET ADDRESS	1609 EOLA CT.	
CITY-ST-ZIP	ST. CLOUD FL		6.4 CITY-ST-ZIP	KISSIMMEE FL. 34741	

CR2E037 (5/99)

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] SIGNATURE REQUIRED Jerry L. Baxter 9-8-99 407-931-3296
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #