AMENDED

NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # N48832

1. Entity Name
Disabled American Vets Inc. #148 Inc

-Already
06 APR 12 Filed 04

FILING OFFICER OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR2E037B (8/05)

2. Principal Place of Business	3. Mailing Address
21 E. Keen Street Suite, Apt. #, etc.	21 E. Keen Street Suite, Apt. #, etc.
City & State: Kissimmee, Florida	City & State: Kissimmee, Florida
Zip: 34744 Country: U.S.A.	Zip: 34744 Country: U.S.A.

4. FEI Number 31-1197-150 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Walt Forrest

Street Address (P.O. Box Number is Not Acceptable): 3107 Marshland Court

City: Kissimmee FL Zip Code: 34744

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Walter C. Forrest
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 AR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Commander -
NAME	Craig Baker
STREET ADDRESS	21 E. Keen Street
CITY-ST-ZIP	Kissimmee, Florida 34744
TITLE	Sr. Vice -
NAME	William Johnson
STREET ADDRESS	P.O. Box 422555
CITY-ST-ZIP	Kissimmee, Florida 34742
TITLE	Jr. Vice -
NAME	Marion Thompson
STREET ADDRESS	2724 Tropical Lake Drive
CITY-ST-ZIP	Kissimmee, Florida 34741
TITLE	Adjutant -
NAME	Thomas Colvin
STREET ADDRESS	2247 Apt. C Simpson Ridge Circle
CITY-ST-ZIP	Kissimmee, Florida 34744
TITLE	Treasurer -
NAME	Walt Forrest
STREET ADDRESS	3107 Marshland Court
CITY-ST-ZIP	Kissimmee, Florida 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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CITY-ST-ZIP	000072732380 04/28/06--01032--010 **61.25
TITLE	
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STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	**IN THIS SPACE**
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CITY-ST-ZIP	

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: Craig Baker 4/11/06 (407)846-4141