2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2007
Secretary of State

DOCUMENT# N48832

Entity Name: DISABLED AMERICAN VETERANS CHAPTER #148 INC.

Current Principal Place of Business:

21 E KEEN ST.
KISSIMMEE, FL 34744 US

New Principal Place of Business:

Current Mailing Address:

21 E KEEN ST.
KISSIMMEE, FL 34744 US

New Mailing Address:

FEI Number: 31-1197150 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORREST, WALTER C
21 E KEEN ST.
KISSIMMEE, FL 34744 US

Name and Address of New Registered Agent:

DI NATALE, KEITH J
21 E KEEN ST.
KISSIMMEE, FL 34744 US

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.

SIGNATURE: KEITH J DI NATALE 03/13/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: BAKER, CRAIG
Address: 21 E KEEN ST.
City-St-Zip: KISSIMMEE, FL 34744 US

Title: SV ( ) Delete
Name: JOHNSON, WILLIAM
Address: P.O. BOX 422555
City-St-Zip: KISSIMMEE, FL 34742

Title: JV ( ) Delete
Name: THOMPSON, MARION
Address: 2724 TROPICAL LAKE DRIVE
City-St-Zip: KISSIMMEE, FL 34741

Title: A ( ) Delete
Name: COLVIN, THOMAS
Address: 2247 APT C SIMPSON RIDGE CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: T (X) Delete
Name: FORREST, WALT
Address: 3107 MARSHLAND COURT
City-St-Zip: KISSIMMEE, FL 34744

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change ( ) Addition
Name: DI NATALE, KEITH J
Address: 819 ILLINOIS AVE
City-St-Zip: ST CLOUD, FL 34769

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH J DI NATALE T 03/13/2007
Electronic Signature of Signing Officer or Director Date