2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Aug 23, 2008 DOCUMENT# N48832 Secretary of State

Entity Name: DISABLED AMERICAN VETERANS CHAPTER #148 INC.

New Principal Place of Business: Current Principal Place of Business:

21 E KEEN ST.

KISSIMMEE, FL 34744 US

Current Mailing Address: New Mailing Address:

21 E KEEN ST.

KISSIMMEE, FL 34744 US

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DI NATALE, KEITH J JOHNSON, CHARLES D 21 E KEEN ST. 21 E KEEN ST.

KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 US 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: CHARLES D JOHNSON 08/23/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete

BAKER, CRAIG MONROE, RONALD CMDR Name: Name:

21 E KEEN ST. Address: 21 E KEEN ST. Address: KISSIMMEE, FL 34744 US

City-St-Zip: City-St-Zip: KISSIMMEE, FL 34744 US

Title: Title: SV (X) Change () Addition () Delete JOHNSON, WILLIAM Name: Name: COLVIN, JERRY SVCMDR

Address: P.O. BOX 422555 Address: 21 E KEEN ST

City-St-Zip: KISSIMMEE, FL 34742 City-St-Zip: KISSIMMEE, FL 34744

Title: () Delete Title: (X) Change () Addition DIN NATALE, KEITH J JOHNSON, CHARLES D TREAS Name: Name:

819 ILLINOIS AVE 790 PARK LANE Address: Address: City-St-Zip: ST CLOUD, FL 34769 City-St-Zip: KISSIMMEE, FL 34744

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: CHARLES D JOHNSON **TRES** 08/23/2008