

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48832

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**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:**

MONROE, RON  
21 E KEEN ST.  
KISSIMMEE, FL 34744 US

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CMDR  
**Name:** MONROE, RONALD  
**Address:** 21 E KEEN ST.  
**City-St-Zip:** KISSIMMEE, FL 34744 US

**Title:** SV  
**Name:** FULLER, RUSSELL  
**Address:** 21 E KEEN ST  
**City-St-Zip:** KISSIMMEE, FL 34744

**Title:** T  
**Name:** DRAPPEAUX, PAUL  
**Address:** 928 CHAMBERLIN TRAIL  
**City-St-Zip:** ST. CLOUD, FL 34772 UN

**Title:** ADJU  
**Name:** BARRADAS, SHANNON  
**Address:** 2308 ACADEMY CIR WEST, APT 101  
**City-St-Zip:** KISSIMMEE, FL 34744

I hereby 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 all other like empowered.

**SIGNATURE:** RON MONROE

COM

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date