

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51447

FILED  
Apr 02, 2009  
Secretary of State

**Entity Name:** DISABLED AMERICAN VETERANS, CHAPTER #12, CORAL GABLES, FLORIDA, DEPARTMENT OF FLORIDA, INCORPORATED.

**Current Principal Place of Business:**

303 ALHAMBRA CIRCLE  
CORAL GABLES, FL 33134 US

**New Principal Place of Business:**

**Current Mailing Address:**

14510 S.W. 108 ST.  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 31-1342368

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOVAC, ALEXANDER  
14510 S.W. 108 ST  
MIAMI, FL 33186 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: PD ( ) Delete  
Name: ORITZ, EPIIE  
Address: 11794 SW 273 LANE  
City-St-Zip: HOMESTEAD, FL 33032

Title: VD ( ) Delete  
Name: KOVAC, ALEXANDER  
Address: 14510 SW 108 ST  
City-St-Zip: MIAMI, FL 33186

Title: VD ( ) Delete  
Name: BISHOP, THEODORE P  
Address: 1794 SW 19TH STREET  
City-St-Zip: MIAMI, FL 33145

Title: STD ( ) Delete  
Name: LAKS, CARL L  
Address: 8061 SW 108 ST  
City-St-Zip: MIAMI, FL 33156

Title: VD ( ) Delete  
Name: THORP, JOHN  
Address: 12370 SW 225 ST  
City-St-Zip: MIAMI, FL 33170

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

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: EPIIE ORTIZ

PD

04/02/2009

Electronic Signature of Signing Officer or Director

Date