

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N51447

FILED
Apr 22, 2012
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:

12001 SW 272 TERR
HOMESTEAD, FL 33032

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
Name: KOVAC, ALEXANDER
Address: 14510 SW 108 ST
City-St-Zip: MIAMI, FL 33186

Title: VD
Name: PESTANA, RAUL
Address: 574 NW 74 AVE
City-St-Zip: MIAMI, FL 33126

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

Title: STD
Name: CRUZ-WIGGINS, THOMAS J
Address: 12001 SW 272 TERR
City-St-Zip: HOMESTEAD, FL 33032

Title: VD
Name: THORPE, JOHN
Address: 12370 SW 225 ST
City-St-Zip: MIAMI, FL 33170

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: THOMAS CRUZ-WIGGINS

STD

04/22/2012

Electronic Signature of Signing Officer or Director

Date