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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005584 (7)

1. Corporation Name

DESERT STORM VETERANS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

P O BOX 6081
TITUSVILLE FL 32782

P O BOX 6081
TITUSVILLE FL 32782-6081



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

KNIGHT, KEVIN M
2080 PALOMINO DRIVE
TITUSVILLE FL 32782

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Kevin M. Knight
Signature typed or printed name of registered agent and title if applicable

Kevin M. Knight
(NOTE: Registered Agent signature required when reinstating)

DATE

23 April 97

12. OFFICERS AND DIRECTORS

TITLE D
NAME KNIGHT, KEVIN M
STREET ADDRESS 2080 PALOMINO DR
CITY-ST-ZIP TITUSVILLE FL 32782

TITLE D
NAME SEARS, MICHAEL
STREET ADDRESS 5120 TALLWOOD CIR S
CITY-ST-ZIP W MELBOURNE FL 32904

TITLE D
NAME BENNETT, CLAYTON
STREET ADDRESS 112 AMERICAN BLVD
CITY-ST-ZIP PALM BAY FL 32907

TITLE D
NAME KNIGHT, LINDA D
STREET ADDRESS 2080 PALOMINO DR
CITY-ST-ZIP TITUSVILLE FL 32782

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kevin M. Knight

23 April 97

FILED
APR 23 1997
TITUSVILLE

CR2E037 (9/96)