## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9500001383 (7)

Sorporation Name	
DISABLED VETERANS EMERGENCY AID MISSION	INC.

Principal Place of Business Mailing Address P. b. 1364 4327 311 CORRY ROAD SH-OGRRY-ROAD PENSACOLA FL 32507 - 0327 PENSACOLA FL 32507 3. Date Incorporated or Qualified 3a. Date of Last Report 03/22/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For P.O. BOY 59-3278935 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing City & State \$5.00 May Be FL PENSACOLA Trust Fund Contribution 23 28 Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, ESCAMBIA Yes Mo 24 25 Florida Statutes 29 32507 - 032 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VARAZO, NICK C Street Address (P.O. Box Number is Not Acceptable) 419 SOUTH NAVY BLVD. 83 PENSACOLA FL 32507 84 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADD TIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS TITLE DELETE 11 TITLE NICK VARIZE IRESIDENT 1.2 NAME NAME 9755 SIDNEY RD. 1.3 STREET ADDRESS STREET ADDRESS PENSACOLA, FL. 32507 VICE PRESIDENT OBSE TANA DE 14 CITY-ST-ZIP CITY-ST-ZIP DELETE Change TITLE 2.1 THILE 2.2 NAME NAME D 419 S, NAUY BLND. STREET ADDRESS 2.3 STREET ADDRESS PENSACOIA, FL 32507 2. 4 CHY+ST-ZIP CITY-ST-ZIP DELETE VICE PRESIDENT CHARLIE WARMS, Thange [ ] Addition 3 1 TITLE INTLE 3.2 NAME NAME 6900 W. JACKSON ST. 3.3 STREET ADDRESS STREET ADDRESS PENSACOLA, FL. 32507 3.4. CITY-ST-ZIP CHTY-ST-ZIP DELETE Change 41 TITLE ■ Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 800001742969 -03/14/96--01046--0010 4.4 CITY - ST - ZIP CHTY-ST-ZIP DELETE TITLE 5.1 TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 54 CITY-ST-ZIP CITY - ST - ZIP DELETE Change TITLE 61 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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.

64 CITY - ST - ZIP

SIGNATURE: Y Mull C. Vara U
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

2/28/96

454-072



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