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Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000001383 (7)**

1. Corporation Name

DISABLED VETERANS EMERGENCY AID MISSION, INC.

Principal Place of Business

Mailing Address

311 CARRY ROAD
PENSACOLA FL 32507

PO BOX 4327
PENSACOLA FL 32507-0327



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

3. Date Incorporated or Qualified	Applied For
03/22/1995	Not Applicable
4. FEI Number	
59-3278935	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent
VARAZO, NICK C 419 SOUTH NAVY BLVD. PENSACOLA FL 32507

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	VARAZO, NICK C
STREET ADDRESS	9755 SIDNEY RD
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	VD
NAME	VARAZO, CONSTANTINE V
STREET ADDRESS	419 S. NAVY BLVD.
CITY-ST-ZIP	PENSACOLA FL 32507
TITLE	VD
NAME	VARAZO, CHARLIE
STREET ADDRESS	6900 W. JACKSON ST.
CITY-ST-ZIP	PENSACOLA FL 32507
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	DIRECTOR
1.2 NAME	TOD IOAKIM
1.3 STREET ADDRESS	6010 Thislown Dr.
1.4 CITY-ST-ZIP	Pensacola, Fl 32507
2.1 TITLE	DIRECTOR
2.2 NAME	JOHN KATSAROS
2.3 STREET ADDRESS	1210 Windcliff,
2.4 CITY-ST-ZIP	Marietta, Ga. 30067
3.1 TITLE	DIRECTOR
3.2 NAME	JERRY SYKES
3.3 STREET ADDRESS	3001 Cobblewood Ln, Jacksonville, Fl
3.4 CITY-ST-ZIP	32225
4.1 TITLE	DIRECTOR
4.2 NAME	BILL SHEFFER
4.3 STREET ADDRESS	103 Pinetree Crt., Pensacola, Fl
4.4 CITY-ST-ZIP	32507
5.1 TITLE	DIRECTOR
5.2 NAME	BRYAN CANE
5.3 STREET ADDRESS	3830 Barrancas Ave, Pensacola, Fl
5.4 CITY-ST-ZIP	32507
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 *Nick Varazo* **ADDITIONAL SIGNATURE REQUIRED**

1/30/98

850-456-0721

CR2E037 (10/97)