

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90014 018 \*\*\*\*61.25

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**DOCUMENT # N95000001383**

1. Corporation Name

**DISABLED VETERANS EMERGENCY AID MISSION, INC.**

Principal Place of Business

311 CORY ROAD  
PENSACOLA FL 32507

Mailing Address

PO BOX 4327  
PENSACOLA FL 32507-0327



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**03/22/1995**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

**59-3278935**

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**VARAZO, NICK C**  
**419 SOUTH NAVY BLVD.**  
**PENSACOLA FL 32507**

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

PD

☐ DELETE

NAME

**VARAZO, NICK C**

STREET ADDRESS

**9755 SIDNEY RD**

CITY-ST-ZIP

**PENSACOLA FL 32507**

11 TITLE

☐ Change

☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**IOAKIM, TODD**

STREET ADDRESS

**6010 THISDOWN DR**

CITY-ST-ZIP

**PENSACOLA FL 32507**

21 TITLE

☐ Change

☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**SYKES, JERRY**

STREET ADDRESS

**3001 COBBLEWOOD LN**

CITY-ST-ZIP

**JACKSONVILLE FL 32225**

31 TITLE

☐ Change

☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**LATSARPS. KPJM**

STREET ADDRESS

**1210 WINDCLIFF**

CITY-ST-ZIP

**MARIETTA GA 30067**

41 TITLE

☒ Change

☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**SHEFFER, BILL**

STREET ADDRESS

**103 PINETREE CRT**

CITY-ST-ZIP

**PENSACOLA FL 32507**

51 TITLE

☐ Change

☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

**CANE, BRYAN**

STREET ADDRESS

**3830 BARRANCAS AVE**

CITY-ST-ZIP

**PENSACOLA FL 32507**

61 TITLE

☐ Change

☐ Addition

62 NAME

63 STREET ADDRESS

64 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)(l), 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**3-30-99**

**456-0721**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25037 (11/98)