2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N95000001383

1. Entity Name
DISABLED VETERANS EMERGENCY AID MISSION, INC.

Principal Place of Business	Mailing Address
311 CORRY ROAD PENSACOLA, FL 32507	PO BOX 4327 PENSACOLA, FL 32507-0327

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04182004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3278935
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

6. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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04/22/04-80053-022 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VARAZO, NICK C
STREET ADDRESS	9755 SIDNEY RD
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	IOAKIM, TODD
STREET ADDRESS	6010 THISLDOWN DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	SYKES, JERRY
STREET ADDRESS	3001 COBBLEWOOD LN
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	D
NAME	KATSAROS, JOHN
STREET ADDRESS	1210 WINDCLIFF
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	D
NAME	SHEFFER, BILL
STREET ADDRESS	103 PINETREE CRT
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	CANE, BRYAN
STREET ADDRESS	3830 BARRANCAS AVE
CITY-ST-ZIP	PENSACOLA, FL 32507

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4-20-04

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Nick C. Varazo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #