


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # N95000001383 1. Entity Name DISABLED VETERANS EMERGENCY AID MISSION, INC.	
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Principal Place of Business 300 N. PACE BLVD STE 240 PENSACOLA, FL 32505	Mailing Address PO BOX 4327 PENSACOLA, FL 32507-0327
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DO NOT WRITE IN THIS SPACE



02022007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3278935	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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
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8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS		<p>U00000761732 05/25/07-80067-009 61.25</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VARAZO, NICK C 9755 SIDNEY RD PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IOAKIM, TODD 6010 THISLDOWN DR PENSACOLA, FL 32507	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSTIE, NICKIE L 15310 FOSSIL ROCK RD ATHENS, OH 45701	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATSAROS, JOHN 1210 WINDCLIFF MARIETTA, GA 30067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GILL, CHRISTINA 7530 TONTO ST PENSACOLA, FL 32526	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANE, BRYAN 3830 BARRANCAS AVE. PENSACOLA, FL 32507	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Varazo 2/20/07 850.434-6999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #