2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State
04-30-2008 90190 033 ****70.00

DOCUMENT # N95000001383

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

60033792

03202008 Chg-NP ORREG07 (12/06)

Principal Place of Business	Mailing Address
7530 Tonto ST Pensacola, FL 32526	7530 Tonto St. Pensacola, FL. 32526

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7530 Tonto St. Suite, Apt. #, etc.	7530 Tonto St. Suite, Apt. #, etc.
City & State: Pensacola FL	City & State: Pensacola FL
Zip: 32526 Country: USA	Zip: 32526 Country: USA

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	7. Name and Address of New Registered Agent
VARAZO, NICK C 419 SOUTH NAVY BLVD. PENSACOLA, FL 32507 DECEASED	Name: Christina A. Gill Street Address (P.O. Box Number is Not Acceptable): 7530 Tonto ST City: Pensacola FL Zip Code: 32526

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: President Christina A. Gill DECEASED 4-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD VARAZO, NICK C DECEASED 9755 SIDNEY RD PENSACOLA, FL 32507	☑ Delete	P. RA. D Gill Christina A 7530 Tonto ST Pensacola FL 32526	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IOAKIM, TODD 6010 THISLDOWN DR PENSACOLA, FL 32507	☑ Delete	VP. D Ioannidis Theodora V 7550 Hiawatha ST Pensacola, FL 32526	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROSTIE, NICKIE L 15310 FOSSIL ROCK RD ATHENS, OH 45701	☐ Delete	S D Liu Nichol A 3972 Marcus Point Blvd Pensacola, FL. 32504	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATSAROS, JOHN 1210 WINDCLIFF MARIETTA, GA 30067	☐ Delete	T Gill Ralph E 7530 Tonto St Pensacola, FL. 32526	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GILL, CHRISTINA 7530 TONTO ST PENSACOLA, FL 32526	☐ Delete	D Mcrossti, Nickie 15310 Fossil Rock Rd ATHens, OH 45701	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CANE, BRYAN 3830 BARRANCAS AVE PENSACOLA, FL 32507	☑ Delete	D Katsoros John 414 VANCOUVER Rd Pensacola, FL 32507	☐ Change ☐ Addition

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: Christina A. Gill 4-28-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT
600337 92
#N95000001383

Disabled Veterans Emergency Aid Mission and Bargain Center
7530 Tonto St
Pensacola, Florida 32526

To whom it may concern,

Do to the death of Nick C. Varazo , President of the Company, we held an election to fill the position he held. The results are reflected on the annual filing report, which is included with this letter and a death certificate. If any other information is required please fill free to contact me.

Thank You,
Christina A. Gill

PS:
Business 850-944-6311
Cell 850-748-7909

STATE OF FLORIDA

ATTACHMENT

OFFICE of VITAL STATISTICS

60033792

CERTIFIED COPY

#N95000001383

FLORIDA CERTIFICATE OF DEATH

LOCAL FILE NO. 2588

VOID IF ALTERED OR ERASED

DEMOGRAPHIC INFORMATION TO BE COMPLETED BY FUNERAL DIRECTOR

MEDICAL CERTIFIER

State of Florida, Department of Health, Vital Statistics

1. DECEDENT'S NAME (First, Middle, Last, Suffix)	Nick Cress Varazo
2. SEX	Male
3. DATE OF BIRTH (Month, Day, Year)	December 16, 1922
4a. AGE-Last Birthday (Years)	84
4b. UNDER 1 YEAR Months / Days	
4c. UNDER 1 DAY Hours / Minutes	
5. DATE OF DEATH (Month, Day, Year)	September 27, 2007
6. SOCIAL SECURITY NUMBER	436-24-3481
7. BIRTHPLACE (City and State or Foreign Country)	Tchula, Mississippi
8. COUNTY OF DEATH	Escambia
9. PLACE OF DEATH (Check only one)	HOSPITAL: ___ Inpatient ___ Emergency Room/Outpatient ___ Dead on Arrival; NON-HOSPITAL: ___ Hospice Facility X Nursing Home/Long Term Care Facility ___ Decedent's Home ___ Other (Specify)
10. FACILITY NAME (If not institution, give street address)	University Hills
11a. CITY, TOWN, OR LOCATION OF DEATH	Pensacola
11b. INSIDE CITY LIMITS?	___ Yes X No
12. MARITAL STATUS (Specify)	___ Married ___ Married, but Separated ___ Widowed X Divorced ___ Never Married
13. SURVIVING SPOUSE'S NAME (If wife, give maiden name)	
14a. RESIDENCE - STATE	Florida
14b. COUNTY	Escambia
14c. CITY, TOWN, OR LOCATION	Pensacola
14d. STREET ADDRESS	419 South Navy Boulevard
14e. APT. NO.	
14f. ZIP CODE	32506
14g. INSIDE CITY LIMITS?	___ Yes X No
15a. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life.) Do not use "Retired"	Owner
15b. KIND OF BUSINESS/INDUSTRY	Goodwill Store
16. DECEDENT'S RACE (Specify the race/races to indicate what decedent considered himself/herself to be. More than one race may be specified.)	X White ___ Black or African American ___ American Indian or Alaskan Native (Specify tribe) ___ Asian Indian ___ Chinese ___ Filipino ___ Japanese ___ Korean ___ Vietnamese ___ Other Asian (Specify) ___ Native Hawaiian ___ Guamanian or Chamorro ___ Samoan ___ Other Pacific Isl. (Specify) ___ Other (Specify)
17. DECEDENT OF HISPANIC OR HAITIAN ORIGIN? (Specify if decedent was of Hispanic or Haitian Origin.)	___ Yes (If Yes, specify) X No ___ Mexican ___ Puerto Rican ___ Cuban ___ Central/South American ___ Other Hispanic (Specify) ___ Haitian
18. DECEDENT'S EDUCATION (Specify the decedent's highest degree or level of school completed at time of death.)	___ 8th or less ___ High school but no diploma ___ High school diploma or GED X College but no degree ___ College degree (Specify): ___ Associate ___ Bachelor's ___ Master's ___ Doctorate
19. WAS DECEDENT EVER IN U.S. ARMED FORCES?	X Yes ___ No
20. FATHER'S NAME (First, Middle, Last, Suffix)	Cress Varazo
21. MOTHER'S NAME (First, Middle, Maiden Surname)	Andromache Stamatiou
22a. INFORMANT'S NAME	Christina A. Gill
22b. RELATIONSHIP TO DECEDENT	Daughter
23a. INFORMANT'S MAILING - STATE	Florida
23b. CITY OR TOWN	Pensacola
23c. STREET ADDRESS	7530 Tonto Street
23d. ZIP CODE	32526
24. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	Barrancas National Cemetery
25a. LOCATION - STATE	Florida
25b. LOCATION - CITY OR TOWN	Pensacola
26. METHOD OF DISPOSITION	X Burial ___ Entombment ___ Cremation ___ Donation ___ Removal from State ___ Other (Specify)
26b. IF CREMATION, DONATION OR BURIAL AT SEA, WAS MEDICAL EXAMINER APPROVAL GRANTED?	___ Yes ___ No
27a. LICENSE NUMBER (of Licensee)	FO46659
27b. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH	► L. L. Bailey Jr.
28. NAME OF FUNERAL FACILITY	Waters & Hibbert Funeral Home
29a. FACILITY'S MAILING STATE	Florida
29b. CITY OR TOWN	Pensacola
29c. STREET ADDRESS	124 West Gregory Street
29d. ZIP CODE	32501
30. CERTIFIER: (Check one)	X Certifying Physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. ___ Medical Examiner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, due to the cause(s) and manner stated.
31a. (Signature and Title of Certifier)	► Andrea Hackel MD
31b. DATE SIGNED (mm/dd/yyyy)	10/02/2007
32. TIME OF DEATH (24 hr.)	8:05
33. MEDICAL EXAMINER'S CASE NUMBER	
34a. LICENSE NUMBER (of Certifier)	ME67737
34b. CERTIFIER'S NAME	Andrea Hackel MD
35. NAME OF ATTENDING PHYSICIAN (If other than Certifier)	
36a. CERTIFIER'S - STATE	FL
36b. CITY OR TOWN	Pensacola
36c. STREET ADDRESS	8333 N. Davis Hwy.
36d. ZIP CODE	32514
37. SUBREGISTRAR - Signature and Date	Cathy Moore 10-2-07
38a. LOCAL REGISTRAR - Signature	
38b. DATE FILED BY REGISTRAR (Mo., Day, Yr.)	OCT 0 4 2007

Jamie L. Carpenter

CHIEF DEPUTY REGISTRAR

OCT 0 8 2007

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING: THIS DOCUMENT IS PRINTED OR PHOTOCOPIED ON SECURITY PAPER WITH A WATERMARK OF THE GREAT SEAL OF THE STATE OF FLORIDA ON THE FRONT, AND THE BACK CONTAINS SPECIAL LINES WITH TEXT AND SEALS IN THERMOCHROMIC INK.

FLORIDA DEPARTMENT OF HEALTH

DH FORM 1946 (08-04)

41274321

CERTIFICATION OF VITAL RECORD

VOID IF ALTERED OR ERASED