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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90091 038 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000002657

1. Corporation Name

DISABLED AMERICAN VETERANS (DAV) CHAPTER #3, INC

Principal Place of Business

2445 FRUITVILLE RD
SARASOTA FL 34237
US

Mailing Address

P O BOX 915
SARASOTA FL 34230



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/07/1997
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6196572
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPRAIN, BAYLESS B
2845 SAVORY LANE
SARASOTA FL 34232

81 Name	Donald Mann
82 Street Address (P.O. Box Number is Not Acceptable)	4212 Chardon Way
83	
84 City	Sarasota, FL
85 Zip Code	34232

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: DONALD MANN ADJUTANT TREASURER

Donald Mann

3-15-99

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIXON, BOSTON	1.2 NAME	DONALD MANN
STREET ADDRESS	2445 FRUITVILLE RD	1.3 STREET ADDRESS	2445 FRUITVILLE Rd.
CITY-ST-ZIP	SARASOTA FL 34237	1.4 CITY-ST-ZIP	SARASOTA, FL. 34237
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, DONALD	2.2 NAME	RAMON CINTRON
STREET ADDRESS	2445 FRUITVILLE RD	2.3 STREET ADDRESS	2445 FRUITVILLE Rd.
CITY-ST-ZIP	SARASOTA FL 34237	2.4 CITY-ST-ZIP	SARASOTA, FL. 34237
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOONEY, RICHARD	3.2 NAME	
STREET ADDRESS	2445 FRUITVILLE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34237	3.4 CITY-ST-ZIP	
TITLE	TS <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAIN, BAYLESS B	4.2 NAME	
STREET ADDRESS	2845 SAVOY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: DONALD MANN *Donald Mann*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99 371-8767

Date Daytime Phone #