

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90085 011 ****70.00

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01132005 Chg-NP CR2E037 (10/03)

DOCUMENT # N97000002657					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-6196572				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		
BEATLY, JOHN W 231 GLOUCESTER BLVD. SUN CITY CENTER, FL 33573-7326			Name THOMAS M FREW JR Street Address (P.O. Box Number is Not Acceptable) 7224 28th St E City SARASOTA FL 34243		
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 <i>Thomas M Frew Jr</i> 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, 2005		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 <i>Pres</i>	P	☐ Delete	TITLE <i>Pres</i>	THOMAS M FREW JR	☐ Change ☒ Addition
NAME	ALVIS, KERMIT		NAME	7224 28th St E	
STREET ADDRESS	219 OAKWOOD BLVD.		STREET ADDRESS	SARASOTA FL 34243	
CITY-ST-ZIP	SARASOTA, FL 34237		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SMUDA, CHARLES		NAME		
STREET ADDRESS	2010 HAMPSHIRE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	MANN, DONALD		NAME		
STREET ADDRESS	4212 CHARDON WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34232		CITY-ST-ZIP		
TITLE <i>Adm.</i>	S	☐ Delete	TITLE <i>P. com</i>	WILLIAM BRESLIN	☐ Change ☒ Addition
NAME	THOMPSON, DONALD		NAME	1068 HIGHLAND ST.	
STREET ADDRESS	2320 BEE RIDGE ROAD, LOT 107		STREET ADDRESS	SARASOTA FL 34234	
CITY-ST-ZIP	SARASOTA, FL 34239		CITY-ST-ZIP		
TITLE	T	☒ Delete	TITLE <i>Secy</i>	SELWYN DAMRON	☐ Change ☒ Addition
NAME	BEATLY, JOHN W		NAME	1386 GEORGETOWN CIR	
STREET ADDRESS	231 GLOUCESTER BLVD.		STREET ADDRESS	SARASOTA FL 34232	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573-7326		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Thomas M Frew Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
1-15-05 752-5900 Date Daytime Phone # EXT 1430					