


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State


02-11-2005 90051 022 ****61.25

DOCUMENT # N99000001472	
1. Entity Name	
THE ZEPHYRHILLS FLORIDA UNIT 65, DAVA CORPORATION	

Principal Place of Business	Mailing Address
5325 8TH STREET ZEPHYRHILLS FL 33542	5325 8TH STREET ZEPHYRHILLS FL 33542

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

50014229



1st MOORE CR2E037 (10/04)

4. FEI Number	23-7331152	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
AMERMAN, MINNIE F 7138 FORT KING ROAD ZEPHYRHILLS FL 33541	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 *Minnie F. Amerman* (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T AMERMAN, MINNIE F <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMERMAN, MINNIE F	NAME	
STREET ADDRESS	7138 FORT KING ROAD	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	CITY-ST-ZIP	
TITLE	SV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTENSEN, GLADYS	NAME	
STREET ADDRESS	37544 ANNA MARIA LANE	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	CITY-ST-ZIP	
TITLE	JV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWN, IOLA	NAME	
STREET ADDRESS	4901 GARDEN ST	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	CITY-ST-ZIP	
TITLE	TA <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARTON, GERALDINE	NAME	OLIVE Kruger
STREET ADDRESS	5325 8TH ST	STREET ADDRESS	P O Box 2198
CITY-ST-ZIP	ZEPHYRHILLS FL 33542	CITY-ST-ZIP	Zephyrhills FL 33539
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Minnie F. Amerman* *Commander* *2/7/05* *213-783-7012*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #