

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 20, 2008 8:00 am
Secretary of State

08-20-2008 90002 016 ****61.25

DOCUMENT # N99000001472

1. Entity Name
**THE ZEPHYRHILLS FLORIDA UNIT 65, DAVA
CORPORATION**



Principal Place of Business
**5325 8TH STREET
ZEPHYRHILLS, FL 33542**

Mailing Address
**5325 8TH STREET
ZEPHYRHILLS, FL 33542**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08172008

Chg-NP

CR2E037 (12/06)

4. FEI Number
23-7331152

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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 **VIRGINIA GOLDSWORTHY**

Street Address (P.O. Box Number is Not Acceptable)

38133 RUTH AVE

City **ZEPHYRHILLS**

FL

Zip Code
33540

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

DATE

**Filing Fee is \$61.25
Due by September 12, 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	COMM AMERMAN, MINNIE F. 7138 FORT KING ROAD ZEPHYRHILLS, FL 33541	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVC GOLDSWORTH, VIRGINIA 38133 RUTH AVE ZEPHYRHILLS, FL 33540	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TA RUSSELL, LENA K 39732 MEDICINE BOW DR ZEPHYRHILLS, FL 33542	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	COMM VIRGINIA GOLDSWORTHY 38133 RUTH AVE ZEPHYRHILLS, FL 33540	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SVC EVELYN REID 17502 BRANDYWINE DR ZEPHYRHILLS, FL 33547	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Virginia Goldsworthy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/08

Date

813-783-7012

Daytime Phone #

ATTACHMENT

40113924

Disabled American Veterans – Chapter 65 – Auxiliary
5325 8th St.
Zephyrhills, FL 33542-4312

August 11, 2008

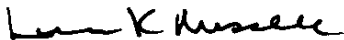
Florida Department of State
Secretary of State
Division of Corporations
P.O. Box 8700
Tallahassee, Florida 32314

Re: Document #N99000001472

Gentleman

Enclosed find check in the amount of \$61.25 with paper work. Also enclosed is the copy of the check you returned to us in the same amount we had paid in April, 2008. We can not understand why you returned the original check to us to begin with.

Sincerely



Lena K. Russell
Treasurer, DAVA 65

ATTACHMENT #N99000001472

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
REMITTANCE ADVICE

4-10 541 57

THIS IS NOT A PAYMENT DEBIT

FLAIR ACCOUNT CODE	OLD	SITE	DOCUMENT NUMBER	OBJECT	DATE	PAYMEN'
42-202321001-42160200-00-22002000	420000	00	D8000759871	8600	06/13/08	14928

	PAYMENT AMOUNT
\$	61.25

DO NOT CASH

AGENCY DOCUMENT NO
VU87867

1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27,28,29,30,31,32,33,34,35,36,37,38,39,40,41,42,43,44,45,46,47,48,49,50,51,52,53,54,55,56,57,58,59,60,61,62,63,64,65,66,67,68,69,70,71,72,73,74,75,76,77,78,79,80,81,82,83,84,85,86,87,88,89,90,91,92,93,94,95,96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114,115,116,117,118,119,120,121,122,123,124,125,126,127,128,129,130,131,132,133,134,135,136,137,138,139,140,141,142,143,144,145,146,147,148,149,150,151,152,153,154,155,156,157,158,159,160,161,162,163,164,165,166,167,168,169,170,171,172,173,174,175,176,177,178,179,180,181,182,183,184,185,186,187,188,189,190,191,192,193,194,195,196,197,198,199,200,201,202,203,204,205,206,207,208,209,210,211,212,213,214,215,216,217,218,219,220,221,222,223,224,225,226,227,228,229,230,231,232,233,234,235,236,237,238,239,240,241,242,243,244,245,246,247,248,249,250,251,252,253,254,255,256,257,258,259,260,261,262,263,264,265,266,267,268,269,270,271,272,273,274,275,276,277,278,279,280,281,282,283,284,285,286,287,288,289,290,291,292,293,294,295,296,297,298,299,300,301,302,303,304,305,306,307,308,309,310,311,312,313,314,315,316,317,318,319,320,321,322,323,324,325,326,327,328,329,330,331,332,333,334,335,336,337,338,339,340,341,342,343,344,345,346,347,348,349,350,351,352,353,354,355,356,357,358,359,360,361,362,363,364,365,366,367,368,369,370,371,372,373,374,375,376,377,378,379,380,381,382,383,384,385,386,387,388,389,390,391,392,393,394,395,396,397,398,399,400,401,402,403,404,405,406,407,408,409,410,411,412,413,414,415,416,417,418,419,420,421,422,423,424,425,426,427,428,429,430,431,432,433,434,435,436,437,438,439,440,441,442,443,444,445,446,447,448,449,450,451,452,453,454,455,456,457,458,459,460,461,462,463,464,465,466,467,468,469,470,471,472,473,474,475,476,477,478,479,480,481,482,483,484,485,486,487,488,489,490,491,492,493,494,495,496,497,498,499,500,501,502,503,504,505,506,507,508,509,510,511,512,513,514,515,516,517,518,519,520,521,522,523,524,525,526,527,528,529,530,531,532,533,534,535,536,537,538,539,540,541,542,543,544,545,546,547,548,549,550,551,552,553,554,555,556,557,558,559,560,561,562,563,564,565,566,567,568,569,570,571,572,573,574,575,576,577,578,579,580,581,582,583,584,585,586,587,588,589,590,591,592,593,594,595,596,597,598,599,600,601,602,603,604,605,606,607,608,609,610,611,612,613,614,615,616,617,618,619,620,621,622,623,624,625,626,627,628,629,630,631,632,633,634,635,636,637,638,639,640,641,642,643,644,645,646,647,648,649,650,651,652,653,654,655,656,657,658,659,660,661,662,663,664,665,666,667,668,669,670,671,672,673,674,675,676,677,678,679,680,681,682,683,684,685,686,687,688,689,690,691,692,693,694,695,696,697,698,699,700,701,702,703,704,705,706,707,708,709,710,711,712,713,714,715,716,717,718,719,720,721,722,723,724,725,726,727,728,729,730,731,732,733,734,735,736,737,738,739,740,741,742,743,744,745,746,747,748,749,750,751,752,753,754,755,756,757,758,759,760,761,762,763,764,765,766,767,768,769,770,771,772,773,774,775,776,777,778,779,780,781,782,783,784,785,786,787,788,789,790,791,792,793,794,795,796,797,798,799,800,801,802,803,804,805,806,807,808,809,810,811,812,813,814,815,816,817,818,819,820,821,822,823,824,825,826,827,828,829,830,831,832,833,834,835,836,837,838,839,840,841,842,843,844,845,846,847,848,849,850,851,852,853,854,855,856,857,858,859,860,861,862,863,864,865,866,867,868,869,870,871,872,873,874,875,876,877,878,879,880,881,882,883,884,885,886,887,888,889,890,891,892,893,894,895,896,897,898,899,900,901,902,903,904,905,906,907,908,909,910,911,912,913,914,915,916,917,918,919,920,921,922,923,924,925,926,927,928,929,930,931,932,933,934,935,936,937,938,939,940,941,942,943,944,945,946,947,948,949,950,951,952,953,954,955,956,957,958,959,960,961,962,963,964,965,966,967,968,969,970,971,972,973,974,975,976,977,978,979,980,981,982,983,984,985,986,987,988,989,990,991,992,993,994,995,996,997,998,999,1000,1001,1002,1003,1004,1005,1006,1007,1008,1009,1010,1011,1012,1013,1014,1015,1016,1017,1018,1019,1020,1021,1022,1023,1024,1025,1026,1027,1028,1029,1030,1031,1032,1033,1034,1035,1036,1037,1038,1039,1040,1

DISABLED AMERICAN VETERANS
CHAPTER 65 AUXILIARY
5325 8TH ST
ZEPHYRHILLS FL 33542-4312

PLEASE DIRECT QUESTIONS TO: (850) 413-0045, DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
991094	\$ 61.25

DETACH CAREFULLY AND RETAIN FOR...

ATTACHMENT

#N99000001472

40113924



DISABLED AMERICAN VETERANS
CHAPTER 65 AUXILIARY
5325 8TH ST
ZEPHYRHILLS FL 33542-4312

PAYMENT AMOUNT
\$ 61.25

DO NOT CASH

AGENCY DOCUMENT NO
VU87867

PLEASE DIRECT QUESTIONS TO: (850) 413-0045, DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

VENDORS NOW CAN VIEW PAYMENT INFORMATION AT [HTTP://FLAIR.DBF.STATE.FL.US](http://FLAIR.DBF.STATE.FL.US)

INVOICE NUMBER	AMOUNT
991094	\$ 61.25

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT

THE FACE OF THIS DOCUMENT FOR A COLORED BACKGROUND CASE OF FOLDING MUST APPEAR BELOW TO BE AUTHENTIC



FINANCIAL
SERVICES

FLAIR ACCOUNT CODE	SWDN	ADN	OBJECT	DATE	WARRANT NO	63-1012
42-202321001-42180200-00-22002000	D8000759871	VU87867	8600	08/13/08	84-1492897-0	632
OLO 420000 SITE 00 CONTACT (850) 413-0045 FOR PAYMENT QUESTIONS						VOID AFTER 12 MONTHS

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES

PAY

SIXTY-ONE & 25/100 DOLLARS

AMOUNT

\$*****61.25

EXPENSE WARRANT

Q THE
RDER OF

DISABLED AMERICAN VETERANS
CHAPTER 65 AUXILIARY
5325 8TH ST
ZEPHYRHILLS FL 33542-4312

TO: DIVISION OF TREASURY
TALLAHASSEE

Alex Sink

ALEX SINK, CHIEF FINANCIAL OFFICER



ATTACHMENT

STATE OF FLORIDA OFFICE OF THE COMPTROLLER APPLICATION FOR REFUND

40113924
#N99000001472

Section 215.26, Florida Statutes, states in part: "Application for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

Pursuant to the provisions of Rule 3A-44.020, Florida Administration Code and Section 215.26, Florida Statutes, or Section 496.401*, Florida Statutes, I hereby apply for a refund of money I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: **DISABLED AMERICAN VETERANS - CHAPTER 65-**

Reference #: **CH6175**

Address: **5325 8TH ST
ZEPHYRHILLS, FL 33542- 4312**

Auxiliary

FEIN OR SSN: **59- 3351810**

Amount: **\$61.25**

Paid Date: **04/18/2008**

Reason for Claim: **Overpayment**

CERTIFIED TRUE AND CORRECT this _____ day of _____.

(Signature) _____

*Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim:

Amount of recommended refund **\$61.25**

The amount requested above was originally deposited in the State treasury as a part of the funds deposited on State

Treasurer's Receipt No. _____ Date _____

NAME OF ACCOUNT: 42202321001421602000000000100
ACCOUNT CODE

Statutory Authority for Collection:

NAME OF ACCOUNT: 42202321001421602000000000100
ACCOUNT CODE

FL DEPT OF AG & CONSUMER SERVICES
Agency

[Signature]
Signature of Authorized Person (Director)

EO- A2 42100612000 001133
DTN: 1665462 Deposit #: 991094 Deposit Dt: 04/18/08
Check#: 1013, Check Amount: \$61.25
Form DBF- AA- 4

Date: 5/7/08

CHF

SN 7122