

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005677

FILED
Apr 28, 2007
Secretary of State

Entity Name: DISABLED AMERICAN VETERANS DELRAY BEACH CHAPTER 152, INC.

Current Principal Place of Business:

P.O. BOX 8045
DELRAY BEACH, FL 33482

New Principal Place of Business:

16700 JOG RD.
DELRAY BEACH, FL 33484

Current Mailing Address:

15299 IXORA ROAD
DELRAY BEACH, FL 33484

New Mailing Address:

P.O. BOX 8045
DELRAY BEACH, FL 33482

FEI Number: 26-7090617

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STAHL, GLENN
15299 IXORA ROAD
DELRAY BEACH, FL 33484 US

Name and Address of New Registered Agent:

CORBETT, MICHAEL C
6981 CASTLEMAINE AVE.
BOYNTON BEACH, FL 33437 US

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.

SIGNATURE: MICHAEL C. CORBETT

04/28/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STAHL, GLENN
Address: 15299 IXORA ROAD
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: WEISS, GERALD
Address: 6240 STANLEY LANE
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: MITNICK, MITCH
Address: 15355 LAKES OF DELRAY BLVD, #101
City-St-Zip: DELRAY BEACH, FL 33484

Title: D () Delete
Name: NUNBERG, MARTIN
Address: 6027 DUSENBURG ROAD
City-St-Zip: DELRAY BEACH, FL 33484

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CORBETT, MICHAEL C
Address: 6981 CASLEMAINE AVE.
City-St-Zip: BOYNTON BEACH, FL 33437

Title: D (X) Change () Addition
Name: LOTTO, HAROLD L
Address: 309 PELICAN WAY
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HOODACK, MARK
Address: 6824 MOONLIT DR.
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL C. CORBETT

D

04/28/2007

Electronic Signature of Signing Officer or Director

Date