

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2007 8:00 am**  
**Secretary of State**

04-06-2007 90035 044 \*\*\*\*61.25

**DOCUMENT # P31972**

1. Entity Name  
**DISABLED AMERICAN VETERANS CHARITABLE  
SERVICE TRUST, INC.**



Principal Place of Business  
**3725 ALEXANDRIA PIKE  
COLD SPRING, KY 41076**

Mailing Address  
**3725 ALEXANDRIA PIKE  
COLD SPRING, KY 41076**

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

03292007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**52-1521276**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

## 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

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, 2007**

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  
**C  
MARBES, RICHARD E  
1305 S CLAY STREET  
GREEN BAY, WI 54301** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VC  
WILSON, ARTHUR H  
807 MAINE AVENUE, S.W.  
WASHINGTON, D.** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
SNOWBECK, LEW  
5630 21ST AVE S  
MINNEAPOLIS, MN** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
JACKSON, PAUL W  
2935 AVONDALE DR  
COLORADO SPRINGS, CO 80917** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
TANNENBAUM, DAVID L  
14830 WOOD HOME ROAD  
CENTREVILLE, VA 201201546** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
NIXON, DENNIS R  
401 JO DRIVE  
WACO, TX 76706** ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST  
Tannenbaum, David L.  
17910 Timber View  
Tampa, FL 33647** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Barton, Bradley S.  
4765 S.W. Chutnut Court  
Tualatin, OR 97062** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**D  
Murphy, Eugene A.  
1519 West 51st Street  
Sioux Falls, SD 57105** ☐ Change ☒ 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:**

*Richard E. Marbes*

**Richard E. Marbes 4/3/07**

**(859) 441-7300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #