

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90048 022 ****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**

40067955



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04072008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
52-1521276

Applied For
Not Applicable

Zip

Country

Zip

Country

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, 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 **C** ☐ Delete
NAME **MARBES, RICHARD E**
STREET ADDRESS **1305 S CLAY STREET**
CITY-ST-ZIP **GREEN BAY, WI 54301**

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

TITLE **ST** ☐ Delete
NAME **TANNENBAUM, DAVID L**
STREET ADDRESS **17910 TIMBER VIEW**
CITY-ST-ZIP **TAMPA, FL 33647**

TITLE **D** ☒ Delete
NAME **BARTON, BRADLEY S**
STREET ADDRESS **4765 S.W. CHUTNET COURT**
CITY-ST-ZIP **TUALATIN, OR 97062**

TITLE **D** ☐ Delete
NAME **MURPHY, EUGENE**
STREET ADDRESS **1519 WEST 51ST STREET**
CITY-ST-ZIP **SIOUX FALLS, SD 57105**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **C** ☒ Change ☐ Addition
NAME **Richard E. Marbes**
STREET ADDRESS **2564 Cherrywood Lane**
CITY-ST-ZIP **Green Bay, WI 54304-1904**

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

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

TITLE **D** ☒ Change ☐ Addition
NAME **Robert T. Reynolds**
STREET ADDRESS **6034 Cliff Drive**
CITY-ST-ZIP **Alexandria, VA 22315**

TITLE **D** ☐ Change ☒ Addition
NAME **Jerry P. Steelman**
STREET ADDRESS **3725 Alexandria Pke**
CITY-ST-ZIP **Cold Spring, KY 41076**

TITLE **D** ☒ Change ☐ Addition
NAME **Dennis R. Nixon**
STREET ADDRESS **2521 Meandering Way**
CITY-ST-ZIP **China Spring, TX 76633**

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

4/10/08

(859) 441-7300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #