

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P31972

FILED
Apr 20, 2009
Secretary of State

Entity Name: DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST, INC.

Current Principal Place of Business:

3725 ALEXANDRIA PIKE
COLD SPRING, KY 41076

New Principal Place of Business:

Current Mailing Address:

3725 ALEXANDRIA PIKE
COLD SPRING, KY 41076

New Mailing Address:

FEI Number: 52-1521276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: MARBES, RICHARD E
Address: 2564 CHERRYWOOD LANE
City-St-Zip: GREEN BAY, WI 54304

Title: VC () Delete
Name: WILSON, ARTHUR H
Address: 807 MAINE AVENUE, S.W.
City-St-Zip: WASHINGTON, D.

Title: ST () Delete
Name: TANNENBAUM, DAVID L
Address: 17910 TIMBER VIEW
City-St-Zip: TAMPA, FL 33647

Title: D () Delete
Name: REYNOLDS, ROBERT T
Address: 6034 CLIFF DRIVE
City-St-Zip: ALEXANDRIA, VA 22315

Title: D () Delete
Name: MURPHY, EUGENE
Address: 1519 WEST 51ST STREET
City-St-Zip: SIOUX FALLS, SD 57105

Title: D () Delete
Name: NIXON, DENNIS R
Address: 2521 MEANDERING WAY
City-St-Zip: CHINA SPRING, TX 766333

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: WILSON, ARTHUR H
Address: 3725 ALEXANDRIA PIKE
City-St-Zip: COLD SPRING, KY 41076

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

Title: D (X) Change () Addition
Name: DEMPSEY, RAYMOND E
Address: 3725 ALEXANDRIA PIKE
City-St-Zip: COLD SPRING, KY 41076

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

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

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: DAVID L. TANNENBAUM

ST

04/20/2009

Electronic Signature of Signing Officer or Director

Date