

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 728094

**Entity Name:** DISABLED AMERICAN VETERANS, DEPARTMENT OF  
FLORIDA, INCORPORATED**Current Principal Place of Business:**2015 SW 75TH STREET  
GAINESVILLE, FL 32607**Current Mailing Address:**2015 SW 75TH STREET  
GAINESVILLE, FL 32607**FEI Number: 59-0915376****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LINDEN, ALBERT HDS  
2015 SW 75TH STREET  
GAINESVILLE, FL 32607 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	STD
Name	LINDEN, ALBERT H., JR.
Address	10344 SW TERR
City-State-Zip:	GAINESVILLE FL 32608

Title	D
Name	TOLFA, RICHARD
Address	46 WINDING CREEK WAY
City-State-Zip:	ORMOND BEACH FL 32174

Title	D
Name	DIFFENBAUGH, GUY
Address	4469 BAY HARBOUR DR
City-State-Zip:	JACKSONVILLE FL 32225

Title	P/D
Name	KOVAC, ALEX
Address	14510 SW 108TH ST
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	DIFFENBAUGH, GUY
Address	4469 BAY HARBOUR DR
City-State-Zip:	JACKSONVILLE FL 32225

*I hereby 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 all other like empowered.*

**SIGNATURE: ALBERT H. LINDEN JR.****DIRECTOR****01/23/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date