

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735463

Entity Name: CENTRAL FLORIDA CHAPTER 16, DISABLED AMERICAN VETERANS, INCORPORATION**Current Principal Place of Business:**2040 WEST CENTRAL BLVD
ORLANDO, FL 32805**Current Mailing Address:**2040 WEST CENTRAL BLVD
ORLANDO, FL 32805**FEI Number: 59-6196589****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**SURSELY, JAMES E
2040 WEST CENTRAL BLVD
ORLANDO, FL 32805 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	T	Title	C
Name	SURSELY, JAMES	Name	DECESARE, JOHN
Address	2040 W CENTRAL BLVD	Address	2040 WEST CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	ORLANDO FL 32805
Title	ADJ	Title	SVC
Name	BOUTERS, BRAD	Name	CLEVEN, ELLEN
Address	2040 WEST CENTRAL BLVD	Address	2040 WEST CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	ORLANDO FL 32805
Title	JA DIRECTOR	Title	JUNIOR VICE COMMANDER
Name	JOYNER, DENNIS	Name	HENDERSON, RONALD
Address	2040 WEST CENTRAL BLVD	Address	2040 WEST CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	ORLANDO FL 32805

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: JAMES E SURSELY**TREASURER****04/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date