2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2019
Secretary of State
3109507355CC

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: No

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
Name	SURSELY, JAMES
Address	2040 W CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32805

Title	C
Name	CLEVEN, ELLEN
Address	2040 WEST CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32805

Title	JA DIRECTOR
Name	JOYNER, DENNIS
Address	2040 WEST CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32805

Title	JUNIOR VICE COMMANDER
Name	KNOX, JAMES
Address	2040 WEST CENTRAL BLVD
City-State-Zip:	ORLANDO FL 32805

Title	SR.VICE COMMANDER
Name	ROSE, LAMOND
Address	2040 WEST CENTRAL BLVD
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 02/13/2019

Electronic Signature of Signing Officer/Director Detail — Date