

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758778

Entity Name: ANTHONY P. DADDI DISABLED AMERICAN VETERANS,
CHAPTER 119, INC.**Current Principal Place of Business:**1791 MEARS P'KWY
MARGATE, FL 33063**Current Mailing Address:**1791 MEARS P'KWY
MARGATE, FL 33063**FEI Number: 59-2598766****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**OREFICE, FRANK JMS
4071 NORTHWEST 5TH STREET
COCONUT CREEK, FL 33066 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	MS
Name	OREFICE, FRANK
Address	4071 NW 5 ST.
City-State-Zip:	COCONUT CREEK FL

Title	TREASURER
Name	KENNY, LAWRENCE J
Address	2345 CAROLWOOD LN. 5109
City-State-Zip:	BOCA RATON FL 33428

Title	SECRETARY
Name	KENNY, LAWRENCE J
Address	23345 CAROLWOOD LN. 5109
City-State-Zip:	BOCA RATON FL 33428

Title	P
Name	TOOLEY, FRANK
Address	4411 COCONUT CREEK BLVD
City-State-Zip:	COCONUT CREEK FL 33066

Title	VP
Name	CHRISTIE, GARY J
Address	1074 SW EUREKA AVE
City-State-Zip:	PORT ST LUCIE FL 34953

Title	TRUSTEE
Name	DEL VECCHIO, FRANK J
Address	12649 67ST N
City-State-Zip:	WEST PALM BCH FL 33412

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: LAWRENCE KENNY**TREASURE****01/31/2014**

Electronic Signature of Signing Officer/Director Detail

Date