

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24736

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY, TITUSVILLE
UNIT #109, INC.**FILED**
Apr 22, 2025
Secretary of State
8772361703CC**Current Principal Place of Business:**DISABLED AMERICAN VETERANS
435 NORTH SINGLETON AVE
TITUSVILLE, FL 32796**Current Mailing Address:**DISABLED AMERICAN VETERANS
435 NORTH SINGLETON AVE
TITUSVILLE, FL 32796**FEI Number: 23-7337059****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MCGINNIS, ROSE A
3734 HUNTINGTON AVE
MIMS, FL 32754 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: ROSE A MCGINNIS****04/22/2025**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :**Title** PRESIDENT
Name DUNN, DEANNA
Address 3695 ORLANDO AVE
City-State-Zip: MIMS FL 32754**Title** TREASURER
Name MCGINNIS, ROSE
Address DISABLED AMERICAN VETERANS
435 NORTH SINGLETON AVE
City-State-Zip: TITUSVILLE FL 32796**Title** ADJUTANT
Name CONKLIN, TERRI L
Address DISABLED AMERICAN VETERANS
435 NORTH SINGLETON AVE
City-State-Zip: TITUSVILLE FL 32796**Title** DIRECTOR
Name WALTER, CAROLINE
Address 2013 LOGAN DR
City-State-Zip: TITUSVILLE FL 32780**Title** DIRECTOR
Name MACKO, LORETTA
Address 3895 TRINIDAD AVE
City-State-Zip: TITUSVILLE FL 32780

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: ROSE MCGINNIS**TREASURER****04/22/2025**

Electronic Signature of Signing Officer/Director Detail

Date