

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30969

**FILED
Apr 14, 2013
Secretary of State
CC9064427377**

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT OF FLORIDA, INC.

Current Principal Place of Business:

2015 SW 75TH STRET
GAINESVILLE, FL 32607

Current Mailing Address:

407 FLETCHER STREET
PORT CHARLOTTE, FL 33954

FEI Number: 23-7331165

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCARTHY, LUCILLE O.
25 CAPTAIN COVE
INGLIS, FL 34449 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 SD
Name FRANZ, DIANE
Address 3028 LITTLE CYPRESS COVE
City-State-Zip: WINTER PARK FL 32792

Title TD
Name ROUSSEY, DELORES
Address 407 FLETCHER STREET
City-State-Zip: PORT CHARLOTTE FL 33954

Title PRESIDENT
Name BARE, DELPHIA
Address 14093 SANDY DRIVE
City-State-Zip: BROOKSVILLE FL 34613

Title D
Name VANSANDT, PAUL
Address 24310 BROWNING PLACE
City-State-Zip: BROOKSVILLE FL 34601

Title D
Name EGAN, KAY
Address 1647 COUNTRY CLUB PARKWAY
City-State-Zip: LEHIGH ACRES FL 33936

Title DIRECTOR
Name PARKER, DEBORAH
Address 9910 CANTERBURY DRIVE
City-State-Zip: LEESBURG FL 34788

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: DELORES ROUSSEY

TREASURER

04/14/2013

Electronic Signature of Signing Officer/Director Detail

Date