## **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N30969

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT

OF FLORIDA, INC.

Mar 19, 2020 Secretary of State 3702505648CC

**FILED** 

## **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: Yes

## Name and Address of Current Registered Agent:

FRANZ, DIANE J 4225 VANITA COURT WINTER SPRINGS, FL 32708-4951 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: DIANE J. FRANZ 03/19/2020

Electronic Signature of Registered Agent

# Officer/Director Detail:

Title SD Title TD

NameFRANZ, DIANENameROUSSEY, DELORESAddress4225 VANITA COURTAddress407 FLETCHER STREETCity-State-Zip:WINTER SPRINGS FL 32708-4951City-State-Zip:PORT CHARLOTTE FL 33954

TitleDIRECTORTitleCOMMANDERNamePIERCE, PAULETTENameRABER, AMIE

Address 1406 FLOYD DRIVE Address 5688 25TH STREET CIRCLE E #206

City-State-Zip: City-State-Zip: TITUSVILLE FL 32955-2602

Title IMMEDIATE PAST COMMANDER

Title DIRECTOR Name HOLLOWAY, MARIA
Name MCDONALD, MERALLYN Address 4014 CREE DRIVE

Address 6161 HIGHWAY 393 City-State-Zip: ORMOND BEACH FL 32174

City-State-Zip: CRESTVIEW FL 32539-6636

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 ANN ROUSSEY

**TREASURER** 

**BRADENTON FL 34203** 

03/19/2020

Date