## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30969

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT

OF FLORIDA, INC.

FILED
Mar 31, 2018
Secretary of State
CC0897373243

## **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 03/31/2018

Electronic Signature of Registered Agent Date

Officer/Director Detail:

City-State-Zip:

Title SD Title TD

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

Title COMMANDER Title DIRECTOR
Name HESS, BETTY Name RABER, AMIE

Address 1110 S MISSOURI AVE Address 5688 25TH STREET CIRCLE E

City-State-Zip: BRADENTON FL 34203
CLEARWATER FL 33756

Title DIRECTOR

Title DIRECTOR Name HOLLOWAY, MARIA

Name MCDONALD, MERALLYN
Address 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 KADLEC ROUSSEY

**TREASURER** 

03/31/2018