## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30969

Entity Name: DISABLED AMERICAN VETERANS AUXILIARY, DEPARTMENT

OF FLORIDA, INC.

**FILED** Apr 02, 2017 **Secretary of State** CC6526913388

## **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 04/02/2017

Electronic Signature of Registered Agent

Officer/Director Detail:

Title SD Title TD

Name FRANZ, DIANE Name ROUSSEY, DELORES Address **4225 VANITA COURT** Address 407 FLETCHER STREET City-State-Zip: WINTER SPRINGS FL 32708-4951 City-State-Zip: PORT CHARLOTTE FL 33954

Title **PRESIDENT** Title **DIRECTOR** 

Name HESS, BETTY Name STEVENS, IRENE Address 148 PALM TREE COURT

Address 1110 S MISSOURI AVE #206 City-State-Zip: MELBOURNE FL 32940

City-State-Zip: CLEARWATER FL 33756

**DIRECTOR** Title Title **DIRECTOR** 

Name HOLLOWAY, MARIA Name MCDONALD, MERALLYN Address 241 RIVERSIDE DRIVE

Address 6161 HIGHWAY 393 **UNIT 1509** 

City-State-Zip: HOLLY HILL FL 32117 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 ROUSSEY

**TREASURER** 

04/02/2017

Date