


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 015 ****70.00

DOCUMENT # 748814			
1. Entity Name ALLIED VETERANS OF THE WORLD, INC: AND AFFILIATES			
Principal Place of Business 1965 STATE ROAD #16 SAINT AUGUSTINE, FL 32085 US		Mailing Address PO BOX 840149 SAINT AUGUSTINE, FL 32080 US	
2. Principal Place of Business - No P.O. Box # 1625 Four Seasons Blvd		3. Mailing Address P.O. Box 160939	
Suite, Apt. #, etc. Suite 161		Suite, Apt. #, etc.	
City & State Hendersonville, NC		City & State Boiling Springs, SC	
Zip 28793		Country USA	
4. FEI Number 59-1951577		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		03122008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DUNCAN, JOHNN E 890 A1A BEACH BLVD # 74 SAINT AUGUSTINE, FL 32080		7. Name and Address of New Registered Agent Name Donald Cummings Street Address (P.O. Box Number is Not Acceptable) 8809 Townsquare Drive South City Jacksonville FL Zip Code 32216	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Donald Cummings</i>		DATE 03-30-08	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD DUNCAN, JOHNNY E 890 A1A BEACH BLVD, # 74 SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD Duncan, Johnny E. P.O. Box 633 Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CUMMINGS, DONALD 8809 TOWNSGUARD DR SO JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Cummings, Donald 8809 Townsquare Drive South Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BASS, JERRY 2826 WATERVIEW CIRCLE JACKSONVILLE, FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>John E. Cum</i>		DATE 3/23/08 DAYTIME PHONE # 904 669 5426	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	