

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748814

FILED
Mar 04, 2009
Secretary of State

Entity Name: ALLIED VETERANS OF THE WORLD,INC: AND AFFILIATES

Current Principal Place of Business:

1625 FOUR SEASONS BLVD
SUITE 161
HENDERSONVILLE, NC 28793 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 160939
BOILING SPRINGS, SC 29316

New Mailing Address:

P.O. BOX 633
CALLAHAN, FL 28793 US

FEI Number: 59-1951577 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MATHIS & MURPHY, P.A.
50 N LAURA ST STE 1700
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: CTD () Delete
Name: DUNCAN, JOHNNY E
Address: P.O. BOX 633
City-St-Zip: CALLAHAN, FL 32011

Title: DT () Delete
Name: CUMMINGSS, DONALD
Address: 8809 TOWNSQUARE DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32216

Title: ST () Delete
Name: BASS, JERRY
Address: 2826 WATERVIEW CIRCLE
City-St-Zip: JACKSONVILLE, FL 32226

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CTD (X) Change () Addition
Name: DUNCAN, JOHNNY E
Address: P.O. BOX 633
City-St-Zip: CALLAHAN, FL 32011 US

Title: DT (X) Change () Addition
Name: DAVIS, MICHAEL
Address: 96528 BLACKROCK RD.
City-St-Zip: YULEE, FL 32097 US

Title: ST (X) Change () Addition
Name: BASS, JERRY
Address: 2826 WATERVIEW CIRCLE
City-St-Zip: JACKSONVILLE, FL 32226 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LAURIE M. LEE, ESQ.

ATTY

03/04/2009

Electronic Signature of Signing Officer or Director

Date