2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 763354

1. Entity Name



FILED
Mar 10, 2003 8:00 am
Secretary of State

	VETERANS OF AMERICA CH E, FLORIDA, INC.	iapter #23, ft. lau			03-10-2003 9073	9 039 ****/0	1.00
CORVETTE CI 800 NE 45TH		Mailing Address V.V.A. 23 PO BOX 9961 FORT LAUDERDALE FL 333	10	1 10 834 40 810 8	Ind a nika inah anki albi aba	IJ n jori 41814 31901 nin	al 0:0:: 1 (0:0)
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES		
City & Sta	ite	City & State		4. FEI Number 5	2-1389547		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add	ditional
	6. Name and Address of Current	Registered Agent		7. Name and Add	dress of New Register	red Agent	
		1 110000	Name /	LEBBERT-L	1/2 11/506	a	
OSCIER, 321 N.		L. HANKERSO), 38 PH AV	Street_A	Address (P.O. Box Number is	Not Acceptable)	O:NE ST	
	700D FF-90004		_	2311 N.W.	30 940		
JOEET. W	LAUDER	DALE LAKES,					
		333//		AUDERDALE	LAKES	FL Zip Cod	
	e named entity submits this statement fo tions of registered agent.	r the purpose of changing its	registered office or	r registered agent, or both, in	the State of Florida. I	am familiar with,	and accept
ino obliga	alona or rogiotere e agent.				1.		
	HERBERT L. HANK	5050 N 12026	(20.20	41 - 1 a	la hosan		
			18//5/4//				
SIGNATURE	Signature, typed or printed name of registered agent			ture required when reinstating)	DA DA	TE.	
SIGNATURE				ture required when reinstating)	DA	TE	
.			Registered Agent signat	store required when reinstating) \$5.00 May Be Added to Fees	Make Ch	neck Payable	
.	Signature, typed or printed name of registered agent	9. Election Cam Trust Fund C	Registered Agent signat	\$5.00 May Be Added to Fees	Make Ch	eck Payable partment of S	State
	Signature, typed or printed name of registered agent FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund C	Registered Agent signat paign Financing ontribution.	S5.00 May Be Added to Fees ADDITIONS/CHANG	Make Ch Florida De SES TO OFFICERS AND	partment of S	State 10
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12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

10 JANZ063 954 4865586