


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

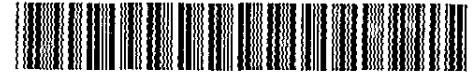
**Jan 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # N02000009267
1. Entity Name
FLORIDA VETERANS ASSISTANCE ASSOCIATION, INC.



Principal Place of Business Mailing Address
**8310 N THATCHER AVE
TAMPA FL 33614** **8310 N THATCHER AVE
TAMPA FL 33614**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

4. FEI Number **13-4230250** Applied For / Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MARKMAN, JOEL
212 LEXINGTON ST
OLDSMAR FL 34677-4330**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete MARKMAN, JOLL 212 LEXINGTON ST. OLDSMAR FL 34677-4330
TITLE	D <input type="checkbox"/> Delete SUTTON, JOHN 8410 N. MITHELL ST. TAMPA FL 33604
TITLE	D <input type="checkbox"/> Delete MARKMAN, NIKKI 15 EAST PUSCH WILDERNESS DR. TUCSON AZ 85737
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:  **JOEL MARKMAN** / 20/05 813 249491