


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State


DOCUMENT # N02000009267

1. Entity Name
 FLORIDA VETERANS ASSISTANCE ASSOCIATION, INC.



Principal Place of Business 8310 N THATCHER AVE TAMPA, FL 33614	Mailing Address 8310 N THATCHER AVE TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 13-4230250	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARKMAN, JOEL
 212 LEXINGTON ST
 OLDSMAR, FL 34677-4330

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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 re-registering) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007

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

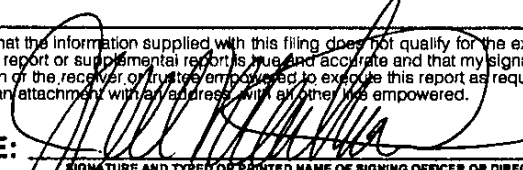
10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARKMAN, JOLL
STREET ADDRESS	212 LEXINGTON ST.
CITY-ST-ZIP	OLDSMAR, FL 346774330
TITLE	D
NAME	SUTTON, JOHN
STREET ADDRESS	8410 N. MITHELL ST.
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	D
NAME	MARKMAN, NIKKI
STREET ADDRESS	15 EAST PUSCH WILDERNESS DR.
CITY-ST-ZIP	TUCSON, AZ 85737
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/09/07-80054-021 70.00

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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 fees empowered.

SIGNATURE:  **JOEL MARKMAN Pres.** 1/4/07 813-249-4910

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #