

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000009267

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: FLORIDA VETERANS ASSISTANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

8310 N THATCHER AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8310 N THATCHER AVE  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 13-4230250

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MARKMAN, JOEL  
212 LEXINGTON ST  
OLDSMAR, FL 346774330 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: D ( ) Delete  
Name: MARKMAN, JOEL  
Address: 212 LEXINGTON ST.  
City-St-Zip: OLDSMAR, FL 346774330

Title: D ( ) Delete  
Name: SUTTON, JOHN  
Address: 8410 N. MITCHELL ST.  
City-St-Zip: TAMPA, FL 33604

Title: D ( ) Delete  
Name: MARKMAN, NIKKI  
Address: 15 EAST PUSCH WILDERNESS DR.  
City-St-Zip: TUCSON, AZ 85737

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MARKMAN, JOEL  
Address: 212 LEXINGTON ST.  
City-St-Zip: OLDSMAR, FL 346774330

Title: D (X) Change ( ) Addition  
Name: SUTTON, JOHN  
Address: 8410 N. MITCHELL AVE.  
City-St-Zip: TAMPA, FL 33604

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOEL MARKMAN

PRES

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date