

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 10, 2006 8:00 am
Secretary of State

03-30-2006 90033 035 ****61.25

DOCUMENT # N05000008288

1. Entity Name

FRIENDS OF DISABLED VETS, INC.



Principal Place of Business

**2464 VETERANS AVE.
STUART FL 34994**

Mailing Address

**2464 VETERANS AVE.
STUART FL 34994**

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 (10/05)

4. FEI Number

27-0126800

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HOAG, KEVIN
1545 NE OCEAN BLVD. #402
STUART FL 34996**

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent of registered agent is not required)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Change	☒ Addition
DIRECTOR	BILL STAW	2464 VETERANS AVE	STUART, FL 34994		
PRESIDENT	FRANK MAILLAND	2464 VETERANS AVE	STUART, FL 34994		
DIRECTOR	DONALD ARCHIBALD	2464 VETERANS AVE	STUART, FL 34994		
DIRECTOR	HENRY NOLETTE	2464 VETERANS AVE	STUART, FL 34996		
SECT/TREASURER	KEVIN HOAG	2464 VETERANS AVE	STUART, FL 34996		
DIRECTOR	GARY FUOULOFF	2464 VETERANS AVE	STUART, FL 34996		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 like empowered.

SIGNATURE:

Kevin Hoag **KEVIN HOAG**

3/23/6 772-220-0144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE - PREFIX