

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008967

FILED
Feb 07, 2012
Secretary of State

Entity Name: ALLIED VETERANS CENTER, INC.

Current Principal Place of Business:

1965 STATE ROAD 16
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

40 ACME STREET
JACKSONVILLE, FL 32211 US

Current Mailing Address:

1965 STATE ROAD 16
ST. AUGUSTINE, FL 32084

New Mailing Address:

40 ACME STREET
JACKSONVILLE, FL 32211 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MATHIS, KELLY B
1200 RIVERPLACE BLVD SUITE 902
JACKSONVILLE, FL 32207 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
Name: BASS, JERRY
Address: 1200 RIVERPLACE BOULEVARD, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D
Name: DAVIS, MICHAEL
Address: 1200 RIVERPLACE BOULEVARD, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D
Name: HESSONG, JOHN
Address: 1200 RIVERPLACE BOULEVARD, SUITE 902
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D
Name: DUNCAN, LINDA
Address: PO BOX 160939
City-St-Zip: BOILING SPRING, SC 293160016

I hereby 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 all other like empowered.

SIGNATURE: LAURIE M. LEE, ESQ.

ATTY

02/07/2012

Electronic Signature of Signing Officer or Director

Date