


FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90035 019 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

5599997-90058-16



DOCUMENT # N98000001759

1. Corporation Name
**ALLIED VETERANS OF THE WORLD, INC: & AFFILIATES
 POST NO. 5 AUXILIARY INC.**

| | |
|---|---|
| Principal Place of Business 2030 KINGS RD N HILLIARD FL 32046 2015 N Kings RD Hilliard FL 32046 | Mailing Address 2030 KINGS RD N HILLIARD FL 32046 2015 N Kings RD Hilliard FL 32046 |
|---|---|

| | |
|--|---|
| 2. Principal Place of Business 21 2015 N. KINGS RD. Suite, Apt. #, etc. | 2a. Mailing Address 20 2015 N. Kings RD. Suite, Apt. #, etc. |
| 22 City & State Hilliard FL | 27 City & State Hilliard FL |
| 23 Zip 32046 | 28 Zip 32046 |
| 24 Country USA | 29 Country USA |

3. Date incorporated or Qualified
03/25/1998

4. FEI Number
593478011

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

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

9. Name and Address of Current Registered Agent
~~HUGHES, RUBY
 12024 CANADLEWYCK LANE
 JACKSONVILLE FL 32225~~

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name DANA Gillespie |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1000 EASTWOOD RD APT E2 |
| 83 |
| 84 City Hilliard |
| 85 State FL |
| 86 Zip Code 32046 |

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **DANA Gillespie President Dana Gillespie** DATE **4-19-99**

12. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE PRESIDENT | <input checked="" type="checkbox"/> DELETE |
| NAME DANA Gillespie | |
| STREET ADDRESS 1000 EASTWOOD RD (APT E2) | |
| CITY-ST-ZIP Hilliard FL 32046 | |
| TITLE Vice-President | <input checked="" type="checkbox"/> DELETE |
| NAME RUBY Hughes | |
| STREET ADDRESS 12024 CANADLEWYCK LANE | |
| CITY-ST-ZIP JACKSONVILLE FL 32225 | |
| TITLE SECRETARY | <input checked="" type="checkbox"/> DELETE |
| NAME LINDA DUNOVAN | |
| STREET ADDRESS 9604 GRAYBAR DR. | |
| CITY-ST-ZIP JACKSONVILLE FL 32221 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--|--|
| 1.1 TITLE PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME DANA GILLESPIE | |
| 1.3 STREET ADDRESS 1000 EASTWOOD RD APT E2 | |
| 1.4 CITY-ST-ZIP HILLIARD FL 32046 | |
| 2.1 TITLE VICE-PRESIDENT - T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME RUBY HUGHES | |
| 2.3 STREET ADDRESS 12024 CANADLEWYCK LANE | |
| 2.4 CITY-ST-ZIP JACKSONVILLE FL 32225 | |
| 3.1 TITLE SEC. TREAS - T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME LINDA DUNOVAN | |
| 3.3 STREET ADDRESS 9604 GRAYBAR DR. | |
| 3.4 CITY-ST-ZIP JACKSONVILLE FL 32221 | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA GILLESPIE SIGNATURE REQUIRED DANA GILLESPIE (904) 845-7499

CR20037 (11/98)