

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000009342

**Entity Name:** CONTINENTAL VETERANS ASSOCIATION, INC.

**Current Principal Place of Business:**

21 S BOBWHITE RD  
WILDWOOD, FL 34785

**Current Mailing Address:**

21 S BOBWHITE RD  
WILDWOOD, FL 34785 US

**FEI Number: 56-2639253**

**Certificate of Status Desired: No**

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

ABNER, CHARLES R. TREASUER  
21 S BOBWHITE RD  
WILDWOOD, FL 34785 US

*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: CHARLES R. ABNER**

**01/20/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           COMMANDER  
Name           WOODWARD, LARRY COMMANDER  
Address        409 TIMBER  
City-State-Zip: WILDWOOD FL 34785

Title           SECRETARY  
Name           STEGEMERTEN, RANDY SECRETARY  
Address        6 BOBWHITE CROSSING  
City-State-Zip: WILDWOOD FL 34785

Title           TREASURER  
Name           ABNER, CHARLES R TREASURER  
Address        501 FOREST BLVD  
City-State-Zip: WILDWOOD FL 34785

Title           DIRECTOR  
Name           COLLIN, CHUCK  
Address        17 N. BOBWHITE RD.  
City-State-Zip: WILDWOOD FL 34785

Title           DIRECTOR  
Name           HUTSON, DAVE  
Address        25 S. BOBWHITE RD  
City-State-Zip: WILDWOOD FL 34785

Title           DIRECTOR  
Name           BENDERMAN, BOB  
Address        507 S. TIMBER TRAIL  
City-State-Zip: WILDWOOD FL 34785

Title           FIRST VICE  
Name           HORSMAN, SUSAN  
Address        118 LYONIA L  
City-State-Zip: WILDWOOD FL 34785

Title           CHAPLAIN  
Name           HORSMAN, SUSAN  
Address        118 LYONIA L  
City-State-Zip: WILDWOOD FL 34785

*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: CHARLES R ABNER**

**TREASURER**

**01/20/2023**

Electronic Signature of Signing Officer/Director Detail

Date