

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000009342

Entity Name: CONTINENTAL VETERANS ASSOCIATION, INC.

Current Principal Place of Business:

501 FOREST BLVD
WILDWOOD, FL 34785

Current Mailing Address:

501 FOREST BLVD
WILDWOOD, FL 34785 US

FEI Number: 56-2639253

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHOOLS, WILLIAM COMMANDER
411 S TIMBER TR,
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: WILLIAM SCHOOLS

01/14/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title COMMANDER
Name HOFFMAN, DALE ALLEN VP
Address 12 GOLF VIEW TRL
City-State-Zip: WILDWOOD FL 34785

Title SECRETARY
Name ONDO, ROBERT SECRETARY
Address 12 MAGNOLIA LANE
City-State-Zip: WILDWOOD FL 34785

Title TREASURER
Name LAPLANTE, EVERETTE TREASURER
Address 501 FOREST BLVD
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name GRAY, WILLIAM PUBLIC AFFAIRS
Address 113 ROBIN LN.
City-State-Zip: WILDWOOD FL 34785

Title DIRECTOR
Name KEIFER, RICHARD
Address 19 BOBCAT TR.,
City-State-Zip: WILDWOOD FL 34785

Title DIR
Name VAN DENORTH, KEN
Address 24 N BOBWHITE RD.
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: EVERETTE E LAPLANTE

TREASURER

01/14/2018

Electronic Signature of Signing Officer/Director Detail

Date