SIGNATURE: CHRISTOPHER A. WALKER	SECRETARY	04/10/2019
Electronic Signature of Signing Officer/Director Detail		Date

2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N09000001198

Entity Name: INVEST IN AMERICA'S VETERANS FOUNDATION, INC

Current Principal Place of Business:

822 N A1A STE 106 PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

822 N A1A **STE 106** PONTE VEDRA BEACH, FL 32082 US

FEI Number: 26-4520112

Name and Address of Current Registered Agent:

WALKER, CHRISOPHER A ESQ 822 N A1A STE 101 PONTE VEDRA BEACH, FL 32082 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	: NICHOLAS A. NAPOLITANO JR.	NICHOLAS A. NAPOLITANO JR.		
	Electronic Signature of Registered Agent		Date	
Officer/Dire	ctor Detail :			
Title	CEO, DIRECTOR	Title	D, TREASURER	
Name	SANTILLO, RALPH A	Name	NAPOLITANO, NICHOLAS A	
Address	4120 KISMET PWY W	Address	3563 LONG IRON CT.	
City-State-Zip:	CAPE CORAL FL 33993	City-State-Zip:	FORT MYERS FL 33917	
Title	D, S	Title	D, VC	
Name	WALKER, CHRISTOPHER A	Name	CORMIER, SHANE	
Address	822 N A1A STE 101	Address	822 N A1A STE 101	
City-State-Zip:	PONTE VEDRA BEACH FL 32082	City-State-Zip:	PONTE VEDRA BEACH FL 32082	
Title	DIRECTOR	Title	DIRECTOR	
Name	CHRIS, DENNIS	Name	JAMES, DOZIER	
Address	233 ORCHARD STREET	Address	1387 WALES DRIVE	
City-State-Zip:	WESTFIELD NJ 07090	City-State-Zip:	FORT MYERS FL 33917	
Title	CFO	Title	DIRECTOR, CHAIRMAN	
Name	MCCULLOUGH, MICHELLE	Name	LAU, CHERYL	
Address	822 N A1A	Address	P O BOX 76	
City-State-Zin:	STE 106 PONTE VEDRA BEACH FL 32082	City-State-Zip:	CARSON CITY NV 89702	
ony-orale-zip.	I ONTE VEDITA DEACH FE 32002			

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: CHRISTOPHER A. WALKER	SECRETARY	04/10/2019

FILED Apr 10, 2019 Secretary of State 9951342434CC

Certificate of Status Desired: No