## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # 748814** 1. Entity Name 03-07-2005 90313 001 \*\*\*140.00 ALLIED VETERANS OF THE WORLD, INC: AND **AFFILIATES** Principal Place of Business Mailing Address PO BOX 840149 SAINT AUGUSTINE FL 32080 1965 STATE ROAD #16 SAINT AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 59-1951577 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) E. DUNCAN HAROLD GROSSMAN 1451 SAN JULIAN CIRCLE SAINT AUGUSTINE FL 32084 Blub #74 City Zip Code 32080 ST. AUGUSTINA 8. 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. I am familiar with, and accept the obligations of registered agent. E. DUNCAN FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. CTD HILE Delete TITLE Change ☐ Addition GROSSMAN, HAROLD JOHNNY E. DUNCAN NAME NAME 1451 SAN JULIANO CIRCLE STREET ADDRESS STREET ADDRESS 890 AIR BLACK Blue #74 SAINT AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-ZIP ST. AUGUSTINA F1. 32080 noitibba TITLE Detete TITLE DUNCAN, JOHNNY DONALD CUMMINES NAME NAME 8809 TOWNSGUARL DR. SO. 890 A1A BEACH BLVD #74 STREET ADDRESS STREET ADDRESS ST AUGUSTINE FL 32080 JACKSONVILL Fl. 32216 CITY-ST-ZIP CITY-ST-7IP Delete HENNINGER, NORMAN J JARRY BASS 2826 WATERVIEW CIRCLE 35 ST JOHN AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NILES OH 44446** CITY-ST-ZIP 5 A CKSON VILL Delete TITLE TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

CITY-SI-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

JOHNNY E. DUNCAN 2/14/05 964. 471-677/

Delete

☐ Change

☐ Addition