

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90026 016 ****61.25



DOCUMENT # 767842
1. Entity Name
ARMY COUNTER INTELLIGENCE CORPS VETERANS, INC.

Principal Place of Business Mailing Address
C/O RUTH KAUFMANN 861 RIDGE LAKE DR. MELBOURNE FL 32940
C/O RUTH KAUFMANN 861 RIDGE LAKE DR. MELBOURNE FL 32940



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State

4. FEI Number **59-2285420** Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
KAUFMANN, RUTH
861 RIDGE LAKE DR.
MELBOURNE FL 32940

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEES \$61.25
Due By May 1, 2007

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	CD DOUGHERTY, MILLARD F 107 CROFTLEY RD LUTHERVILLE TIMONIUM MD 21093-5804 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D MEISER, EDWARD H 11 PINWOOD DRIVE CLIFTON PARK NY 12065-4813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD GELETA, LED 6916 NOHMAN AVE BALTIMORE MD <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD JUNE, JESSE 101 PLAZA EAST BLVD., SUITE 23086 EVANSVILLE IN 47715 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD SCHLENOFF, MICHAEL 28 PARKWAY DR SYOSSET NY 11791 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D BURTON, ELLY 10313 FOREST AVE FAIRFAX VA 22030 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/D. FRED & GLADYS BARRETT 4936 N. 33 rd RD ARLINGTON, VA. 22207-2904 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DA PAUL SKIFFORD 111 PAUL 470 MAYFLOWER AVE. MELBOURNE, FL. 32940-0720 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D JUNE, JESSE 101 PLAZA EAST BLVD, SUITE 23086 EVANSVILLE, IN. 47715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	KINAT OSWALD 401 WINTON AVE. FERNOALE, MD 21061-2428 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SNYDER, RICHARD 2017 EL RANCHO DR. SUN CITY CENTER, FL. 33573-5154 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	FOX, DON 545 SPRINGLAK DR. MELBOURNE, FL. 32940-4150 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: Ruth L. Kaufmann (RUTH L. KAUFMANN) Date 2/13/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #