


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90041 028 ****61.25

DOCUMENT # 767842		
1. Entity Name ARMY COUNTER INTELLIGENCE CORPS VETERANS, INC.		
Principal Place of Business C/O RUTH KAUFMANN 861 RIDGE LAKE DR. MELBOURNE FL 32940		Mailing Address C/O RUTH KAUFMANN 861 RIDGE LAKE DR. MELBOURNE FL 32940
2. Principal Place of Business - No P.O. Box # c/o		3. Mailing Address Mrs. Ursula Aamodt 1491 Patriot Dr. Melbourne FL 32940-6819
4. FEI Number 59-2285420		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent Mrs. Ursula Aamodt 1491 Patriot Dr. Melbourne FL 32940-6819		7. Name and Address of New Registered Agent Mrs. Ursula Aamodt 1491 Patriot Dr. Melbourne FL 32940-6819
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 <u><i>Ursula Aamodt</i></u> DATE <u>3/29/08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>		
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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 Mrs. Ursula Aamodt 1491 Patriot Dr. Melbourne FL 32940-6819 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 James Boyden 2194 Kaster Dr. N.E. Bremerton WA 98311-4137 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GELETA, LED 6916 NORMAN AVE BALTIMORE MD <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JUNE, JESSE 101 PLAZA EAST BLVD., SUITE 230B6 EVANSVILLE IN 47715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BURTON, ELLY 10313 FOREST AVE FAIRFAX VA 22030 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input 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: *Ursula Aamodt* *Ursula Aamodt* 3/29/08

321-254-4385