

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767842

FILED
Feb 26, 2009
Secretary of State

Entity Name: ARMY COUNTER INTELLIGENCE CORPS VETERANS, INC.

Current Principal Place of Business:

C/O MRS. URSULA AAMODT
1491 PATRIOT DRIVE
MELBOURNE, FL 329406819 US

New Principal Place of Business:

Current Mailing Address:

C/O MRS. URSULA AAMODT
1491 PATRIOT DRIVE
MELBOURNE, FL 329406819 US

New Mailing Address:

FEI Number: 59-2285420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AAMODT, URSULA
1491 PATRIOT DRIVE
MELBOURNE, FL 329406819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: DOUGHERTY, MILLARD F
Address: 107 CROFTLEY RD
City-St-Zip: LUTHERVILLE TIMONIUM, MD 210935804

Title: P () Delete
Name: BOYDEN, JAMES
Address: 8194 KASTER DRIVE NW
City-St-Zip: BREMERTON, WA 983114137

Title: VD () Delete
Name: GELETA, LED
Address: 6916 NORMAN AVE
City-St-Zip: BALTIMORE, MD

Title: D () Delete
Name: JUNE, JESSE
Address: 101 PLAZA EAST BLVD., SUITE 230B6
City-St-Zip: EVANSVILLE, IN 47715

Title: TD () Delete
Name: SCHLENOFF, MICHAEL
Address: 28 PARKWAY DR
City-St-Zip: SYOSSET, NY 11791

Title: D () Delete
Name: BURTON, ELLY
Address: 10313 FOREST AVE
City-St-Zip: FAIRFAX, VA 22030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: JAMES BOYDEN

P

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date