2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N000000Q5126 1. Entity Name ALLIED VETERANS ASSOCIATION, INC.

Principal Place of Business

2361 PECAN COURT PEMBROKE PINES, FL 33026 Mailing Address

2361 PECAN COURT PEMBROKE PINES, FL 33026 FILED Jul 22, 2004 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

07172004 No Chg-NP CR2E037 (10/03)

Applied For

4. FEI Number 65-1036439

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAPLE, ALAN E 1435 NW 13TH TERR. MIAMI, FL 33135

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MIAMI, FL 33135			IN THIS SPACE			
	named entity submits this statement for the tions of registered agent.	purpose of changing its registered	office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	-
SIGNATURE.	Signature, typed or printed name of registered agent and title	e il applicable. (NOTE Registered	Agent signature	(Qvitetanien nertwi benupen	DATE	-
D	Filing Fee is \$61.25 ue by September 8, 2004	Election Campaign Financ Trust Fund Contribution.	olng 🗆	\$5.00 May Be Added to Fees		
TITLE NAME STREET ADDRESS CITY-SI-ZIP	P COLLEY, REGINALD 2361 PECAN COURT PEMBROKE PINES, FL 33026	CTORS			U00000157805 07/22/04-80009-019 61.25	
THTLE NAME STREET ADDRESS CITY-SY-ZIP	D DYER, CONNIE 1141 SW 8TH TERR. FT. LAUDERDALE, FL 33315		<u></u> =	-	07/22/04-80009-019 61.25	•
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYDDON, BILL 302 MARINE DR. PEMBROKE PARK, FL 33009			DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHEAR, FRED 1225 NW 21ST ST., APT. 502 STUART, FL 34994	****		IN	THIS SPACE	
TITLE NAME STREET ADDRESS CHY-ST-ZIP	D KLING, BILL 8840 NW 13TH ST. PLANTATION, FL 33322					Ξ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BODNER, STAN 300 71ST ST., SUITE 612 MIAMI BCH, FL 33141	E			~	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

Councild Colley REGINALU COLLEY 7/17/

7/17/04 954-322-1433