

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005126

FILED
Apr 27, 2009
Secretary of State

Entity Name: ALLIED VETERANS ASSOCIATION, INC.

Current Principal Place of Business:

1371 STONY AVENUE
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1371 STONY AVENUE
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 65-1036439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLLEY, REGINALD
1371 STONY AVE
PORT ST LUCIE, FL 34953 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: P () Delete
Name: COLLEY, REGINALD
Address: KOREAN WAR VET, PO BOX 991
City-St-Zip: HALLANDALE, FL 33008

Title: 1VP () Delete
Name: COLLEY, ROBERTA C
Address: PO BOX 991
City-St-Zip: HALLANDALE, FL 33008

Title: 2VP () Delete
Name: MILLER, TED
Address: 14025 SW 208 ST
City-St-Zip: MIAMI, FL 33177

Title: D () Delete
Name: VASQUEZ, BILL
Address: US SUBMARINE SERVE, 9788 NW 18 ST
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D () Delete
Name: BODNER, STAN
Address: USAF RET, 300 71ST ST, SUITE 612
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: STARR, LTC ALAN M
Address: LT COMM USN RET, 7763 SOUTHAMPTON TERRACE
City-St-Zip: TAMARAC, FL 33321

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:

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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: REGINALD COLLEY

P

04/27/2009

Electronic Signature of Signing Officer or Director

Date