2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004842

Entity Name: UNION VETERANS UNION, INC.

Apr 17, 2009 Secretary of State

112 S. 4TH ST. APT.B

LANTANA, FL 334622879

New Mailing Address: Current Mailing Address:

112 S. 4TH STREET APT.B

FEI Number: 65-1125168

LANTANA, FL 334622879 US

FEI Number Applied For ()

FEI Number Not Applicable ()

333 W. OCEAN AVE

333 W. OCEAN AVE

LANTANA, FL 334622861

LANTANA, FL 334622861

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BAIR, RONALD L 112 S. 4TH ST.

APT.B

LANTANA, FL 334622879 US

BAIR, RONALD L 333 W. OCEAN AVE LANTANA, FL 334622861 US

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.

Name:

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

SIGNATURE:

04/17/2009

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

() Change () Addition

(X) Change () Addition

OFFICERS AND DIRECTORS:

PD (X) Change () Addition

() Delete BAIR, RONALD L Name: 112-B S. 4TH STREET Address:

City-St-Zip: LANTANA, FL 334622879 US

333 W. OCEAN AVE. City-St-Zip: LANTANA, FL 334622861 US

BAIR, RONALD L

Title: () Delete LEATHERMAN, MARY J Name: Address: 1815 S CLUB DR

City-St-Zip: WELLINGTON, FL 33414

Title: () Delete

BAIR, GUY D Name: 10937 NW 33RD PLACE Address: City-St-Zip: GAINESVILLE, FL 32606

Title: D () Delete

Name: BAIR, JONAS L Address: 112-B S. 4TH ST.

City-St-Zip: LANTANA, FL 334622879

Title: () Delete BAIR, SANDRA A Name: 112-B S. 4TH STREET

Address:

City-St-Zip:

LANTANA, FL 334622879

Title: (X) Change () Addition BAIR, SANDRA A Name:

333 W. OCEAN AVE Address: City-St-Zip: LANTANA, FL 334622861

BAIR, JONAS L

333 W. OCEAN AVE.

LANTANA, FL 334622861

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: RONALD L. BAIR PD 04/17/2009