

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007189

FILED
Jan 20, 2005
Secretary of State

Entity Name: AMERICAN VETERANS ADVOCATES, INC.

Current Principal Place of Business:

P.O. BOX 600511
JACKSONVILLE, FL 32258

New Principal Place of Business:

P.O. BOX 600511
JACKSONVILLE, FL 32260

Current Mailing Address:

P.O. BOX 600511
JACKSONVILLE, FL 32258

New Mailing Address:

P.O. BOX 600511
JACKSONVILLE, FL 32260

FEI Number: 59-3753419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, RICHARD J
10150 BELLE RIVE BLVD
APT 1011
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

MARKIEWICZ, JOHN
5349 SELTON AVE
JACKSONVILLE, FL 32277 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.

SIGNATURE: JOHN MARKIEWICZ

01/20/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, RICHARD J
Address: 10150 BELLE RIVE BLVD APT 1011
City-St-Zip: JACKSONVILLE, FL 32256

Title: VD () Delete
Name: MYERS, JOHN
Address: 11125 ENGLISH MOSS LN
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD () Delete
Name: CHAUNCEY, GLENN
Address: 420-1 JACKSONN AVE S.
City-St-Zip: JACKSONVILLE, FL 32220

Title: TD () Delete
Name: MARKIEWICZ, JOHN
Address: 5349 SELTON AVE
City-St-Zip: JACKSONVILLE, FL 32277

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
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOHN MARKIEWICZ

TD

01/20/2005

Electronic Signature of Signing Officer or Director

Date