

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007189

FILED
Mar 22, 2007
Secretary of State

Entity Name: AMERICAN VETERANS ADVOCATES, INC.

Current Principal Place of Business:

5349 SELTON AVE
JACKSONVILLE, FL 32277

New Principal Place of Business:

Current Mailing Address:

PO BOX 600511
JACKSONVILLE, FL 32260

New Mailing Address:

FEI Number: 59-3753419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARKIEWICZ, JOHN
5349 SELTON AVE
JACKSONVILLE, FL 32277 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: PD () Delete
Name: MYERS, JOHN
Address: 11125 ENGLISH MOSS LN
City-St-Zip: JACKSONVILLE, FL 32257

Title: VD () Delete
Name: DAVIS, TERRY
Address: 11294 CHRISTI OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32220

Title: SD () Delete
Name: CHAUNCEY, MARIS C
Address: 610 MANSON LAN
City-St-Zip: JACKSONVILLE, FL 32220

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, RICH
Address: 10075 DELANO DR. E.
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: VD (X) Change () Addition
Name: MARKIEWICZ, JOHN E
Address: 5349 SELTON AVE
City-St-Zip: JACKSONVILLE, FL 32277 US

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

Title: TD (X) Change () Addition
Name: SIMONS, MARK
Address: 420 JACKSON AVE S.
City-St-Zip: JACKSONVILLE, FL 32220

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN E. MARKIEWICZ

VD

03/22/2007

Electronic Signature of Signing Officer or Director

Date