

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000007189

FILED  
Apr 02, 2010  
Secretary of State

**Entity Name:** AMERICAN VETERANS ADVOCATES, INC.

**Current Principal Place of Business:**

420 JACKSON AVENUE SOUTH  
JACKSONVILLE, FL 32220

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600511  
JACKSONVILLE, FL 32260

**New Mailing Address:**

420 JACKSON AVENUE SOUTH  
JACKSONVILLE, FL 32220

**FEI Number:** 59-3753419

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMONS, MARK  
420 JACKSON AVENUE SOUTH  
JACKSONVILLE, FL 32220 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: VP  
Name: SOLES, BETH  
Address: 4925 IRISH MOSS DRIVE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: SEC  
Name: GROOVER, DAN  
Address: 1504 CARBONDALE DRIVE NORTH  
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: PRES  
Name: CHAUNCEY, MARIS  
Address: 610 MANSON LANE  
City-St-Zip: JACKSONVILLE, FL 32220

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

I hereby 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 all other like empowered.

SIGNATURE: MARK SIMONS

TD

04/02/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date