

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007124

FILED
Jul 05, 2004
Secretary of State**Entity Name:** AMERICAN VETERANS ASSOCIATION INVOLVED IN LIVING, INC.**Current Principal Place of Business:**2729 KUMQUAT DRIVE
EDGEWATER, FL 32141 US**New Principal Place of Business:****Current Mailing Address:**2729 KUMQUAT DRIVE
EDGEWATER, FL 32141 US**New Mailing Address:****FEI Number:** 04-3636584**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**INGRAM, THOMAS M
2729 KUMQUAT DRIVE
EDGEWATER, FL 32141 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:** D () Delete
Name: INGRAM, THOMAS M
Address: 2729 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141**Title:** S () Delete
Name: INGRAM, MICHAEL T
Address: 2729 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141**Title:** VP () Delete
Name: CONROY, KEVIN
Address: 2729 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** D (X) Change () Addition
Name: INGRAM, THOMAS M
Address: 2729 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141**Title:** S (X) Change () Addition
Name: INGRAM, MICHAEL T
Address: 2729 KUMQUAT DRIVE
City-St-Zip: EDGEWATER, FL 32141**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: THOMAS M. INGRAM

DIR

07/05/2004

Electronic Signature of Signing Officer or Director

Date