

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000007336

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: AMERICAN VETERANS DIVISION, NSCC, INC.

**Current Principal Place of Business:**

11369 OKEECHOBEE BLVD.  
SUITE 200  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 207  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

FEI Number: 01-0621613

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAMIREZ, ANTHONY  
11369 OKEECHOBEE BLVD  
SUITE 200  
ROYAL PALM BEACH, FL 33411 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: P ( ) Delete  
Name: RAMIREZ, ANTHONY  
Address: P.O. BOX 207  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: VP ( ) Delete  
Name: LAWRENCE, RICHARD  
Address: P.O. BOX 207  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T ( ) Delete  
Name: RAMIREZ, ANTHONY  
Address: P.O. BOX 207  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: S ( ) Delete  
Name: BREWER, LAURA  
Address: P.O. BOX 207  
City-St-Zip: LOXAHATCHEE, FL 33470

**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 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: ANTHONY RAMIREZ

P

03/20/2009

Electronic Signature of Signing Officer or Director

Date