

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010685

FILED
May 01, 2007
Secretary of State

Entity Name: CLAMAGORE VETERANS ASSOCIATION CORP.

Current Principal Place of Business:

621 GLEN CIRCLE
NEW SMYRNA BCH., FL 32168 US

New Principal Place of Business:

Current Mailing Address:

621 GLEN CIRCLE
NEW SMYRNA BCH., FL 32168 US

New Mailing Address:

FEI Number: 57-0851864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DEWAR, ROBERT A
621 GLEN CIRCLE
NEW SMYRNA BCH., FL 32168 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: DEWAR, ROBERT A
Address: 621 GLEN CIRCLE
City-St-Zip: NEW SMYRNA BCH., FL 32168

Title: V () Delete
Name: WILLIAMS, DANNY N
Address: 1424 W. RIVER PARK DR.
City-St-Zip: INKSTER, MI 48141

Title: S () Delete
Name: STAEBLER, CHARLES A
Address: 7810 STONEYDALE LA,
City-St-Zip: LOUISVILLE, KY 40220

Title: T () Delete
Name: BASS, GEORGE A
Address: 10434 NW 35TH PLACE
City-St-Zip: GAINESVILLE, FL 32606

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: ROBERT DEWAR

PRES

05/01/2007

Electronic Signature of Signing Officer or Director

_____ Date