

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000010685

**FILED**  
**Jan 14, 2011**  
**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 ( )**

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

**Title:** V  
**Name:** GRIFFIN, JAMES D  
**Address:** 3021 STILLWELL BLVD.  
**City-St-Zip:** CRESTVIEW, FL 32539

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

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

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:** ROBERT A. DEWAR

P

01/14/2011

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

\_\_\_\_\_  
Date