

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003066

FILED
Feb 05, 2009
Secretary of State

Entity Name: ASSOCIATES OF VIETNAM VETERANS OF AMERICA FLORIDA ASSOCIATION INC.

Current Principal Place of Business:

524 NW 6 TERR
CAPE CORAL, FL 33993

New Principal Place of Business:

Current Mailing Address:

524 NW 6 TERR
CAPE CORAL, FL 33993

New Mailing Address:

5203 PLEASURE ISLAND RD
ORLANDO, FL 33809

FEI Number: 55-0868276

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEOFORD, ROSE
524 NW 6 TERR
CAPE CORAL, FL 33993 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: PD () Delete
Name: LEDFORD, ROSE
Address: 524 NW 6TH TERR
City-St-Zip: CAPE CORAL, FL 33993

Title: 1VP () Delete
Name: AMERMAN, MINNIE
Address: 7138 FT KING RD
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: 2VP () Delete
Name: MAGEE, DIANNE
Address: 1100 102ND AVE N #107 ST
City-St-Zip: ST PETERSBURG, FL 33716

Title: STD () Delete
Name: NIXON, DEBRA
Address: 3122 70TH ST.
City-St-Zip: LEHIGH ACRES, FL 33971

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: STD (X) Change () Addition
Name: MAURY, DONNA J
Address: 5203 PLEASURE ISLAND ROAD
City-St-Zip: ORLANDO, FL 32809

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: ROSE LEDFORD

PD

02/05/2009

Electronic Signature of Signing Officer or Director

Date