# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 17, 2007 8:00 am**
**Secretary of State**
04-17-2007 90053 048 ****70.00

DOCUMENT # N04000004395

1. Entity Name

PARTNERSHIP FOR AMERICAN VETERANS, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 549 DOLPHIN AVENUE SE<br>ST. PETERSBURG FL 33705-4141<br>US | P O BOX 629<br>BAY PINES FL 33744<br>US |

1st MOORE CR2E037 (10/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 5001 - 8TH AVE. S. | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: GULFPORT, FL | City & State |
| Zip: 33707 Country: USA | Zip Country |

4. FEI Number: 30-0241853 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

WISNER, CHARLES L
549 DOLPHIN AVE SE
ST PETERSBURG FL 33705-4141

**7. Name and Address of New Registered Agent**

Name: CANNON, ROBERT M. SR.
Street Address (P.O. Box Number is Not Acceptable): 5001 - 8TH AVE. S.
City: GULFPORT FL Zip Code: 33707

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert M. Cannon Sr. CANNON, ROBERT M. SR. PRESIDENT 4-6-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS $61.25**
**Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>WISNER, CHARLES L<br>549 DOLPHIN AVE SE<br>ST PETERSBURG FL 33705 | ☑ Delete | PD<br>CANNON, ROBERT M. SR.<br>P.O. BOX 13573<br>ST. PETERSBURG, FL 33733 | ☑ Change | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>WISNER, BARBARA A<br>549 DOLPHIN AVE SE<br>ST PETERSBURG FL 33705 | ☑ Delete | TD<br>STEARNS, LOIS<br>12095 OAK ST. SW<br>LARGO, FL 33774 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>CANNON, ROBERT<br>P O BOX 13573<br>ST. PETERSBURG FL 33733 | ☑ Delete | T<br>MYERS, PAT<br>11187 - 108TH LANE N.<br>LARGO, FL 33778 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>HINDS, PAM<br>6152 115TH PL N<br>SEMINOLE FL 33772 | ☐ Delete | T<br>SOUTHERN, MABLE<br>9209 SEMINOLE BLVD. #5<br>SEMINOLE, FL 33772 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | T<br>PEEPLES, GENE<br>8048 ROSE TERR.<br>LARGO, FL 33777 | ☐ Change | ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change | ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert M. Cannon Sr. (ROBERT M. CANNON SR.) 4-6-07 727-512-1434