

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004395

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: PARTNERSHIP FOR AMERICAN VETERANS, INC.

**Current Principal Place of Business:**

5001-8TH AVE SOUTH  
GULFPORT, FL 33707 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 629  
BAY PINES, FL 33744 US

**New Mailing Address:**

FEI Number: 30-0241853      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

CANNON, ROBERT M SR  
5001-8TH AVE SOUTH  
GULFPORT, FL 33707 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: VD ( ) Delete  
Name: HOLLY, CRABTREE  
Address: 7403 45TH AVE NO. #324  
City-St-Zip: SAINT PETERSBURG, FL 33709 US

Title: TD ( ) Delete  
Name: STEARNS, LOIS  
Address: 12095 OAK ST SW  
City-St-Zip: LARGO, FL 33774 US

Title: T ( ) Delete  
Name: MYERS, PAT  
Address: 11187-108TH LN NORTH  
City-St-Zip: LARGO, FL 33778 US

Title: SD ( ) Delete  
Name: HINDS, PAM  
Address: 6152 115TH PL N  
City-St-Zip: SEMINOLE, FL 33772 US

Title: T ( ) Delete  
Name: SOUTHERN, MABLE  
Address: 9209 SEMINOLE BLVD SUITE 5  
City-St-Zip: SEMINOLE, FL 33772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CANNON, ROBERT M SR.  
Address: P.O. BOX 13573  
City-St-Zip: SAINT PETERSBURG, FL 33733 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: CRABTREE, HOLLY  
Address: 17403 45TH AVE. N. # 324  
City-St-Zip: SAINT PETERSBURG, FL 33709 US

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 M. CANNON SR.

PD

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date