

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005606

FILED
Apr 12, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA VETERANS, INC.

Current Principal Place of Business:

1819 N SEMORAN BLVD
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1104 BAHAMA DRIVE
ORLANDO, FL 32806

New Mailing Address:

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

Name and Address of Current Registered Agent:

VOSE, WILLIAM C
1104 BAHAMA DRIVE
ORLANDO, FL 32806 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: PIERCE, JERRY
Address: 1819 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: VPD () Delete
Name: WALTERS, TOM
Address: 1819 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: TD () Delete
Name: SMITH, DOROTHY
Address: 1819 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: SD () Delete
Name: EBY, PEGGY
Address: 1819 N. SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: PIERCE, JERRY
Address: 1819 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

Title: PD (X) Change () Addition
Name: WALTERS, TOM
Address: 1819 N SEMORAN BLVD
City-St-Zip: ORLANDO, FL 32807

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: WILLIAM C. VOSE

RA

04/12/2009

Electronic Signature of Signing Officer or Director

Date