2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)

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DOCUMENT # N0400007324  1. Entity Name								FILE	ED	
UNITED VETERANS OF PORT ST. LUCIE, FLORIDA, INC.								5 FEB 22	PM 6: 03	
Principal Place of Business Mailing Address								SECRETART	ii Jaie	
1150 SW CALIFORNIA BLVD PORT ST LUCIE FL 34953  1150 SW CALIFORNIA BLVD PORT ST LUCIE FL 34953							The same of	SECRETANT ALLAHASSEI AND ROM AND ARM AND ROM	E, FLORIDA	HAL WE FREE
2. Principal Place of Business 3. Ma				ailing Address						
Suite, Apt #, etc.			1	Suite, Apt #, etc.			1st MC	OORE CR2	E037 (10/04)	
City & State			City & State				4. FE Number 47 - 0	943488	No	plied For Applicable
Zip			Zip		Cou	intry	5. Certificate of Sta		r ee Hequirec	
	6. Name and A	ddress of Current	Hegister	ed Agent	7. Name and Address of New Registered Agent					
- SWEENEY, W. EUGENE						Street Address (P.O. Box Number is Not Acceptable)				
8292 SE SAND PINE CIR PORT ST LUCIE FL 34952						Street Address (P.O. DOX Inditibet is Not Acceptable)				
						City			FL Zip Code	,
8. The above named entity sugmits 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 the obligations of registered agent.										and accept
SIGNATURE  Signature, typed or printed more of registered agent and this if applicable (NOTE Registered Agent signature required when remarking)  DATE										
FILE NOW: FEE IS \$61.25  Due By May 1, 2005  9. Election Campaign Fi Trust Fund Contribution							\$5.00 May Be Added to Fees		heck Payable spartment of S	
10.		OFFICERS AND D	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AN		
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STREET ADORESS CITY - ST- ZIP				CITY-ST-ZIP			000000196560 01/26/05-80073-009 61,25			
ULLE	P			Delete	100			14 (144 <u>)</u>	☐ Change	☐ Addition
NAME	JOCK, ROBERT 5 15546 NW SCEPTER DR			•	NAM					ļ
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CITY-ST-7IP	<u> </u>			•.	•	Si 7IP				{
12. If hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(f), 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 of 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: W. Superu Severey /24/05 772.811-0199  SIGNATURE AND TYPEDER PRINTED NAME OF SIGNANG OFFICER OF DIRECTOR DIRECTOR										
·IN. EUGENE SWEENEY										