

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007324

FILED
Mar 26, 2008
Secretary of State

Entity Name: UNITED VETERANS OF PORT ST. LUCIE, FLORIDA, INC.

Current Principal Place of Business:

1150 SW CALIFORNIA BLVD
PORT ST LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

1150 SW CALIFORNIA BLVD
PORT ST LUCIE, FL 34953

New Mailing Address:

FEI Number: 47-0943488

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWEENEY, W. EUGENE
8292 SE SAND PINE CIR
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

KNEPSHIELD, RONALD
1919 SW BEAUREGARD STREET
PORT ST LUCIE, FL 34953 US

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: RONALD KNEPSHIELD

03/26/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KNEPSHIELD, RONALD
Address: 1919 SW BEAUREGARD ST
City-St-Zip: PORT ST LUCIE, FL 34953

Title: D () Delete
Name: JOCK, ROBERT
Address: 5546 NW SCEPTER DR
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D () Delete
Name: SWEENEY, W. EUGENE
Address: 8292 SE SAND PINE CIR
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: LA VALLE, CATHERINE
Address: 567 SE BROOKSIDE TERRACE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: T (X) Change () Addition
Name: RIPPERGER, FLORENCE
Address: 6145 NW EAST DEVILLE CR
City-St-Zip: PORT ST LUCIE, FL 34986

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: CATHERINE L. LA VALLE

VP

03/26/2008

Electronic Signature of Signing Officer or Director

Date