

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 08:00 A
Secretary of State

DOCUMENT # N05000004459

1. Entity Name
VETERANS CELEBRATION INC.



Principal Place of Business
3911 VILAS GREEN CIRCLE
LONGWOOD, FL 32779

Mailing Address
3911 VILAS GREEN CIRCLE
LONGWOOD, FL 32779



02142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-0672565

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAY, PAUL
3911 VILAS GREEN CIRCLE
LONGWOOD, FL 32779

**DO NOT WRITE
IN THIS SPACE**

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

Paul B. Hay

(NOTE: Registered Agent signature required when reinstating)

3/12/08
DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000861363
04/03/08-800005-024 70.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
HAY, PAUL G
3911 VILAS GREEN CIRCLE
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
JACKSON, GLEN
2822 AMBERGATE RD
WINTER PARK, FL 32792

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
WELLS, THOMAS
440 STANTON PL
LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JORDAN, GEORGE
2423 CARIBBEAN CT
ORLANDO, FL 32805

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MULDER, RUTH
1800 MERCY DRIVE
ORLANDO, FL 32808

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGERT, BARTH
425 GILBERT RD
WINTER PARK, FL 32792

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul B. Hay

Date

3/12/08 407
862 8387

Daytime Phone #