2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004459

Entity Name: VETERANS CELEBRATION INC.

FILED Apr 07, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
3911 VILAS GREEN CIRCLE LONGWOOD, FL 32779				3911 VILLAS GREEN CIRCLE LONGWOOD, FL 32779		
Current Mailing Address:				New Mailing Address:		
3911 VILAS GREEN CIRCLE LONGWOOD, FL 32779				3911 VILLAS GREEN CIRCLE LONGWOOD, FL 32779		
FEI Number:	: 20-0672565	FEI Number Applied For()	FEI Nun	nber Not Appl	cable () Certifica	te of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
HAY, PAUL 3911 VILAS GREEN CIRCLE LONGWOOD, FL 32779 US				HAY, PAUL G 3911 VILAS GREEN CIRCLE LONGWOOD, FL 32779 US		
	named entity e of Florida.	submits this statement for the p	purpose o	of changing i	s registered office or r	egistered agent, or both,
SIGNATURE: PAUL G HAY				04/07/2009		
	Electro	nic Signature of Registered Age	ent			Date
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title:	HAY, PAUL G 3911 VILAS GI LONGWOOD,			Title: Name: Address: City-St-Zip: Title:	P (X) Change of HAY, PAUL G 3911 VILLAS GREEN CIR LONGWOOD, FL 32779	CLE
Name: Address: City-St-Zip:	JACKSON, GL 2822 AMBERG WINTER PARK	ATE RD		Name: Address: City-St-Zip:		
Title: Name: Address: City-St-Zip:	S (WELLS, THOM 440 STANTON LONGWOOD,	PL		Title: Name: Address: City-St-Zip:	()Change() Addition
Title: Name: Address: City-St-Zip:	D (JORDAN, GEC 2423 CARIBBE ORLANDO, FL	AN CT		Title: Name: Address: City-St-Zip:	()Change() Addition
Title: Name: Address: City-St-Zip:	D (MULDER, RUT 1800 MERCY I ORLANDO, FL	DRIVE		Title: Name: Address: City-St-Zip:	D (X) Change of MALENOFSKI, HENRY 3118 SOCORRO AVENUE ORLANDO, FL 32829	* *
Title: Name: Address: City-St-Zip:	D (ENGERT, BAR 425 GILBERT WINTER PARK	RD.		Title: Name: Address: City-St-Zip:	()Change() Addition

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: PAUL G HAY P 04/07/2009