

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000008288

FILED
Apr 08, 2008
Secretary of State

Entity Name: FRIENDS OF DISABLED VETS, INC.

Current Principal Place of Business:

2464 VETERANS AVE.
STUART, FL 34994

New Principal Place of Business:

Current Mailing Address:

2464 VETERANS AVE.
STUART, FL 34994

New Mailing Address:

FEI Number: 27-0126800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOAG, KEVIN
1545 NE OCEAN BLVD. #402
STUART, FL 34996 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: D () Delete
Name: SHAW, BILL
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34994

Title: P () Delete
Name: MAITLAND, FRANK
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: ARCHIBALD, DONALD
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34994

Title: D () Delete
Name: NOLETTE, HENRY
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34996

Title: ST () Delete
Name: HOAG, KEVIN
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34996

Title: D () Delete
Name: FUOULOFF, GARY
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: FUDULOFF, GARY
Address: 2464 VETERANS AVE
City-St-Zip: STUART, FL 34996

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: KEVIN HOAG

S/T

04/08/2008

Electronic Signature of Signing Officer or Director

Date