

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90019 040 ****70.00

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1. Entity Name
ALLIED VETERANS OF THE WORLD, INC: AFFILIATE 31



Principal Place of Business
**1050 US HIGHWAY 27
SUITE #10
CLERMONT, FL 34714**

Mailing Address
**1050 US HIGHWAY 27
SUITE #10
CLERMONT, FL 34714**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address
P.O. Box 633

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142008 Chg-NP CR2E037 (12/06)

City & State

City & State
Callahan, FL

4. FEI Number
20-8428496

Applied For
Not Applicable

Zip

Country

Zip
32011

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MATHIS, KELLY B ESQ
50 NORTH LAURA ST.
SUITE 1700
JACKSONVILLE, FL 32202**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR DUNCAN, JOHNNY E 890 A1A BEACH BLVD. #74 SAINT AUGUSTINE, FL 32080	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CUMMINGS, DONALD 8809 TOWNSGUARD DR SO JACKSONVILLE, FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR BASS, JERRY 2826 WATERVIEW CIRCLE JACKSONVILLE, FL 32226	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Duncan, Johnny E P.O. Box 633 Callahan, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR Cummings, Donald 8809 Townsquare Drive South Jacksonville, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

3/23/08

(904) 669-5426