


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90019 047 \*\*\*\*70.00

<b>DOCUMENT # N07000004781</b> 1. Entity Name <b>ALLIED VETERANS OF THE WORLD, INC.: AFFILIATE 38</b>						
Principal Place of Business <b>1440-5 DUNN AVENUE JACKSONVILLE, FL 32218</b>				Mailing Address <b>1440-5 DUNN AVENUE JACKSONVILLE, FL 32218</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>P.O. Box 633</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State <b>Callahan, FL</b>		4. FEI Number <b>26-0211767</b>		
Zip <b>32011</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent  <b>MATHIS, KELLY B ESQ 50 N LAURA STREET SUITE 1700 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees		
<b>Make check payable to Florida Department of State</b>						
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNCAN, JOHNNY E <input type="checkbox"/> Delete 890 A1A BEACH BLVD #74 ST AUGUSTINE, FL 32080			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Duncan, Johnny E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 633 Callahan, FL 32011	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CUMMINGS, DONALD <input type="checkbox"/> Delete 8809 TOWNSGUARD DR SOUTH JACKSONVILLE, FL 32216			TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Cummings, Donald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8809 Townsquare Drive South Jacksonville, FL 32216	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, JERRY <input type="checkbox"/> Delete 2826 WATERVIEW CIRCLE JACKSONVILLE, FL 32226			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"/> Delete			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"/> Delete			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"/> Delete			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.						
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<b>3/23/08</b> <b>904 669-5426</b> <small>Date Daytime Phone #</small>		