

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006190

FILED
Apr 03, 2009
Secretary of State

Entity Name: MAKE A WISH VETERANS INC.

Current Principal Place of Business:

6445 N.E. 7TH AVENUE
202
MIAMI, FL 33138 US

New Principal Place of Business:

Current Mailing Address:

6445 N.E. 7TH AVENUE
202
MIAMI, FL 33138 US

New Mailing Address:

FEI Number: 45-0565500 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUFORD, CHARLES L
6445 N.E. 7TH AVENUE
202
MIAMI, FL 33138 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: DIR () Delete
Name: BUFORD, CHARLES
Address: 6445 N.E. 7TH AVENUE
City-St-Zip: MIAMI, FL 33138 US

Title: DIR () Delete
Name: BUFORD, MELINDA
Address: 6445 N.E. 7TH AVENUE
City-St-Zip: MIAMI, FL 33138 US

Title: DIR () Delete
Name: WOODARD, JOHN
Address: 6445 N.E. 7TH AVENUE
City-St-Zip: MIAMI, FL 33138 US

Title: DIR () Delete
Name: NEALY, MICHAEL
Address: 6445 N.E. 7TH AVENUE
City-St-Zip: MIAMI, FL 33138 US

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:

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: CHARLES BUFORD

DIRE

04/03/2009

Electronic Signature of Signing Officer or Director

Date