


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90019 006 ****70.00

DOCUMENT # N07000006403 1. Entity Name ALLIED VETERANS OF THE WORLD, INC.: AFFILIATE 45					
Principal Place of Business 13920 WEST PALM BEACH BLVD FORT MYERS, FL 33905				Mailing Address 13920 WEST PALM BEACH BLVD FORT MYERS, FL 33905	
2. Principal Place of Business - No P.O. Box # 3270 Commercial Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 633 Suite, Apt. #, etc.			
City & State Spring Hill, FL Zip 34606		City & State Callahan, FL Zip 32011		4. FEI Number 26-0455064 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIS, KELLY B ESQ 50 NORTH LAURA STREET SUITE 1700 JACKSONVILLE, FL 32202				7. Name and Address of New Registered Agent 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 _____ (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. <input type="checkbox"/>		\$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	D. <input type="checkbox"/> Delete DUNCAN, JOHNNY E 890 A1A BEACH BLVD #74 ST. AUGUSTINE, FL 32080				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete CUMMINGS, DONALD E 8809 TOWNSGUARD DRIVE SOUTH JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input type="checkbox"/> Delete BASS, JERRY 2826 WATERVIEW CIRCLE JACKSONVILLE, FL 32226				
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	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Duncan, Johnny E P.O. Box 633 Callahan, FL 32011				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Cummings, Donald 8809 Townsquare Drive South Jacksonville, FL 32216				
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: <u>John E. Bass</u> 3/23/08 904 669 5426 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					