


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90019 009 \*\*\*\*70.00

<b>DOCUMENT # N07000006776</b> 1. Entity Name <b>ALLIED VETERANS OF THE WORLD, INC.: AFFILIATE 48</b>																																																																																																																	
Principal Place of Business <b>890 A1A BEACH BLVD., #74 ST. AUGUSTINE, FL 32080</b>				Mailing Address <b>890 A1A BEACH BLVD., #74 ST. AUGUSTINE, FL 32080</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>26-0542573</b>																																																																																																													
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																																																																																																													
Zip <b>32011</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable																																																																																																													
6. Name and Address of Current Registered Agent  <b>MATHIS, KELLY.B. ESQ. 50 N. LAURA ST., STE. 1700 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</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 May Be Added to Fees</b>																																																																																																													
Make check payable to <b>Florida Department of State</b>																																																																																																																	
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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> <u>Johnny E. Duncan</u> <span style="float: right;">3/23/08 904 667-5426</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																	