


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-02-2008 90019 012 ****70.00

DOCUMENT # N07000006818	
1. Entity Name ALLIED VETERANS OF THE WORLD, INC.: AFFILIATE 51	

Principal Place of Business 890 A1A BEACH BLVD #74 ST AUGUSTINE, FL 32080	Mailing Address 890 A1A BEACH BLVD #74 ST AUGUSTINE, FL 32080
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2. Principal Place of Business - No P.O. Box # 2702 Old Highway 441 Suite, Apt. #, etc.	3. Mailing Address P.O. Box 633 Suite, Apt. #, etc.
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City & State Mt. Dora, FL	City & State Callahan, FL
Zip 32757	Zip 32011
Country USA	Country USA

40056665



03182008 Chg-NP CR2E037 (12/06)

4. FEI Number 26-0542758	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MATHIS, KELLY B ESQ 50 N 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
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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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 S 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.

SIGNATURE: John E. Duncan 3/23/08 904 669-5424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #