# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 11, 2009**
**Secretary of State**

DOCUMENT# N07000007121

**Entity Name:** AMERICAN HOMETOWN VETERAN ASSIST, INC.

**Current Principal Place of Business:**

256 SW CALIFORNIA TERRACE
FORT WHITE, FL 32038

**New Principal Place of Business:**

256 SW CALIFORNIA TERRACE
FORT WHITE, FL 32038 US

**Current Mailing Address:**

PO BOX 274
FORT WHITE, FL 32038

**New Mailing Address:**

PO BOX 274
FORT WHITE, FL 32038 US

**FEI Number: 87-0803605** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILDER, CHARLES E
256 SW CALIFORNIA TERRACE
FORT WHITE, FL 32038 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: | PSD | ( ) Delete |
| Name: | WILDER, CHARLES E | |
| Address: | 256 SW CALIFORNIA TER | |
| City-St-Zip: | FORT WHITE, FL 32038 | |
| Title: | VD | ( ) Delete |
| Name: | HERRICK, CLINT | |
| Address: | 4343 288TH TERRACE | |
| City-St-Zip: | BRANFORD, FL 32008 | |
| Title: | TD | ( ) Delete |
| Name: | WILDER, SUSAN | |
| Address: | 256 SW CALIFORNIA TERRACE | |
| City-St-Zip: | FORT WHITE, FL 32038 | |
| Title: | D | ( ) Delete |
| Name: | WILDER, FAYE | |
| Address: | 3548 MORGANTON RD | |
| City-St-Zip: | MARYVILLE, TN 37801 | |
| Title: | D | ( ) Delete |
| Name: | CADE, STEPHEN | |
| Address: | 531 NW 54 TER | |
| City-St-Zip: | GAINESVILLE, FL 32607 | |

**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: | |
| 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 E. WILDER PSD 04/11/2009

Electronic Signature of Signing Officer or Director — Date