

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004449

FILED  
Mar 04, 2009  
Secretary of State

Entity Name: ALLIED VETERANS OF THE WORLD, INC.: AFFILIATE 59

## Current Principal Place of Business:

1625 FOUR SEASONS BLVD SUITE 161  
HENDERSONVILLE, NC 28793

## New Principal Place of Business:

1625 FOUR SEASONS BLVD  
SUITE 161  
HENDERSONVILLE, NC 28793 US

## Current Mailing Address:

PO BOX 633  
CALLAHAN, FL 32011

## New Mailing Address:

PO BOX 633  
CALLAHAN, FL 32011 US

FEI Number:                      FEI Number Applied For (X)                      FEI Number Not Applicable ( )                      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KELLY B. MATHIS, ESQ  
50 N LAURA STREET SUITE 1700  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

MATHIS, KELLY B ESQ.  
50 N LAURA STREET  
SUITE 1700  
JACKSONVILLE, FL 32202 US

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: KELLY B. MATHIS, ESQ.

03/04/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: DUNCAN, JOHNNY E  
Address: PO BOX 633  
City-St-Zip: CALLAHAN, FL 32011

Title: D ( ) Delete  
Name: CUMMINGS, DONALD  
Address: 8809 TOWNSQUARE DR SOUTH  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: BASS, JERRY  
Address: 2826 WATERVIEW CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32226

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: DUNCAN, JOHNNY E  
Address: PO BOX 633  
City-St-Zip: CALLAHAN, FL 32011 US

Title: D (X) Change ( ) Addition  
Name: DAVIS, MICHAEL  
Address: 96528 BLACKROCK RD.  
City-St-Zip: YULEE, FL 32097 US

Title: D (X) Change ( ) Addition  
Name: BASS, JERRY  
Address: 2826 WATERVIEW CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32226 US

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: LAURIE M. LEE, ESQ.

ATTY

03/04/2009

Electronic Signature of Signing Officer or Director

Date