

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006433

FILED
May 21, 2009
Secretary of State

Entity Name: FLORIDA VETERANS ASSOCIATION INC.

Current Principal Place of Business:

300 NORTHEAST 191ST STREET #209
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

300 NORTHEAST 191ST STREET #209
MIAMI, FL 33179

New Mailing Address:

FEI Number: 26-2944818 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: BOST, DENNIS
Address: 300 NORTHEAST 191ST STREET #209
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: MACIAS, RALPH E
Address: 300 NORTHEAST 191ST STREET #209
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: MARRYSHOW, DUKE
Address: 300 NORTHEAST 191ST STREET #209
City-St-Zip: MIAMI, FL 33179

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MARRYSHOW, HANS
Address: 300 N.E. 191ST STREET APT 209
City-St-Zip: MIAMI, FL 33179

Title: D (X) Change () Addition
Name: SHAVERS, ERNEST
Address: 859 N.W. 214TH STREET BLDG 30 AOT 205
City-St-Zip: MIAMI, FL 33055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: CALAMAN, PATRICIA
Address: 18835 NW 48TH AVENUE
City-St-Zip: MIAMI, FL 33055

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: DUKE MARRYSHOW

D

05/21/2009

Electronic Signature of Signing Officer or Director

Date