

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006896

FILED
Jan 16, 2009
Secretary of State

Entity Name: COMBAT VETERANS MOTORCYCLE ASSOC. FL CHAPT. 20-1 INC

Current Principal Place of Business:

1437 VICTORIA BLVD
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

CVMA FL CHAPT 20-1
PO BOX 560652
ROCKLEDGE, FL 32956 US

New Mailing Address:

FEI Number: 26-3024902 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PATT, ROBERT S
1437 VICTORIA BLVD
ROCKLEDGE, FL 32955 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: P () Delete
Name: LOVELESS, ROBERT
Address: 219 PEPPERMINT WAY
City-St-Zip: PORT ORANGE, FL 32129 US

Title: VP () Delete
Name: THOMAS, TIM
Address: 4040 NATURE LANE
City-St-Zip: COCOA, FL 32926 US

Title: TREA () Delete
Name: PATT, ROBERT
Address: 1437 VICTORIA BLVD
City-St-Zip: ROCKLEDGE, FL 32955 US

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:

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: ROBERT PATT

TREA

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date