

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010668

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** ALLIED VETERANS OF THE WORLD, INC.,:AFFILIATE 67

**Current Principal Place of Business:**

1625 FOUR SEASONS BLVD.  
SUITE 161  
HENDERSONVILLE, NC 28793 US

**New Principal Place of Business:**

1965 STATE ROAD 16  
ST. AUGUSTINE, FL 32084 US

**Current Mailing Address:**

P. O. BOX 633  
CALLAHAN, FL 32011 US

**New Mailing Address:**

1965 STATE ROAD 16  
ST. AUGUSTINE, FL 32084 US

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

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

MATHIS, KELLY B ESQ.  
1200 RIVERPLACE BOULEVARD, SUITE 902  
JACKSONVILLE, FL 32207 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: DST  
Name: HESSONG, MIKE  
Address: 1965 STATE ROAD 16  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DVP  
Name: DAVIS, MICHAEL  
Address: 1965 STATE ROAD 16  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

Title: DP  
Name: BASS, JERRY  
Address: 1965 STATE ROAD 16  
City-St-Zip: ST. AUGUSTINE, FL 32084 US

I hereby 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 all other like empowered.

SIGNATURE: LAURIE M. LEE, ESQ.

ATTY

02/25/2010

Electronic Signature of Signing Officer or Director

Date