## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000000033

FILED Mar 04, 2009 Secretary of State

Entity Name: ALLIED VETERANS OF THE WORLD, INC.: AFFILIATE 71

Current Principal Place of Business: New Principal Place of Business:

1625 FOUR SEASONS BLVD STE 161 1625 FOUR SEASONS BLVD STE 161 HENDERSONVILLE, NC 28793 US

Current Mailing Address: New Mailing Address:

PO BOX 633 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: Name and Address of New Registered Agent:

MATHIS, KELLY B 50 NORTH LAURA STREET STE 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 ( ) Delete
 Title:
 D
 (X) Change ( ) Addition

 Name:
 DUNCAN, JOHNNY E
 Name:
 DUNCAN, JOHNNY E

Address: PO BOX 633 Address: PO BOX 633

City-St-Zip: CALLAHAN, FL 32011 City-St-Zip: CALLAHAN, FL 32011 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 DAVIS, MICHAEL
 Name:
 DAVIS, MICHAEL

 Address:
 969 UNIVERSITY BLVD NORTH
 Address:
 96528 BLACKROCK RD.

 City-St-Zip:
 JACKSONVILLE, FL 32211
 City-St-Zip:
 YULEE, FL 32097 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition

Name: BASS, JERRY Name: BASS, JERRY

 Address:
 2826 WATERVIEW CIRCLE
 Address:
 2826 WATERVIEW CIRCLE

 City-St-Zip:
 JACKSONVILLE, FL 32226
 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