

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000000826

FILED
Mar 19, 2012
Secretary of State

Entity Name: AMERICAN VETERANS WITH BRAIN INJURIES, INC.

Current Principal Place of Business:

4661 EVELYN ST
PACE, FL 32571

New Principal Place of Business:

Current Mailing Address:

4960 HWY 90
BOX #173
PACE, FL 32571

New Mailing Address:

FEI Number: 35-2355315

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LYNCH, CHERYL R
4661 EVELYN ST
PACE, FL 32571 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: D
Name: LYNCH, CHERYL R
Address: 4661 EVELYN ST
City-St-Zip: PACE, FL 32571

Title: D
Name: FRESE, ANNA J
Address: 5513 GONDOLIER DR
City-St-Zip: NEW BERN, NC 28560

Title: D
Name: THAMES, SANDRA L
Address: 4840 COVE CREEK DR
City-St-Zip: BROWNSBORO, AL 35741

Title: D
Name: MEREDITH, BECK M
Address: 129 SOUTH IRVING STREET
City-St-Zip: ARLINGTON, VA 22204

Title: D
Name: DEBRA, SCHULZ H
Address: 2412 GARNETFIELD LANE
City-St-Zip: FRIENDSWOOD, TX 77546

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: CHERYL LYNCH

D

03/19/2012

Electronic Signature of Signing Officer or Director

Date