

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000004722

FILED
Jan 12, 2012
Secretary of State

Entity Name: PONCE INLET VETERANS MEMORIAL ASSOCIATION, INC.

Current Principal Place of Business:

4650 LINKS VILLAGE DR UNIT C504
PONCE INLET, FL 32127

New Principal Place of Business:

4650 LINKS VILLAGE DR UNIT B302
PONCE INLET, FL 32127

Current Mailing Address:

4650 LINKS VILLAGE DR UNIT C504
PONCE INLET, FL 32127

New Mailing Address:

4650 LINKS VILLAGE DR UNIT B302
PONCE INLET, FL 32127

FEI Number: 45-2232310

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTER, WILLIAM D
4650 LINKS VILLAGE DR UNIT C504
PONCE INLET, FL 32127 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: PRES
Name: WESTER, WILLIAM D
Address: 4650 LINKS VILLAGE DR. C504
City-St-Zip: PONCE INLET, FL 32127

Title: VPD
Name: HINSON, JAMAES
Address: 4745 SO. ATLANTIC AVENUE
City-St-Zip: PONCE INLET, FL 32127

Title: SD
Name: FIX, HERBERT
Address: 3873 SO. ATLANTIC AVENUE
City-St-Zip: DAYTONA BEACH SHORES, FL 32118

Title: TD
Name: MCLAUGHLIN, ROBERT M
Address: 4650 LINKS VILLAGE DR. B302
City-St-Zip: PONCE INLET, FL 32127

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: ROBERT M. MCLAUGHLIN

TRES

01/12/2012

Electronic Signature of Signing Officer or Director

Date