FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 AM 12:22

DOCUMENT # N24448 (5)

1. Corporation Name

CHRISTIAN AMERICAN VETERANS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 577 OAK HILL FL 32759	P.O. BOX 577 OAK HILL FL 32759

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1988
3a. Date of Last Report: 04/20/1994
4. FEI Number: 59-2931033 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

BRIGGS
BIGGS, FLOYD K.
253 ADAMS ST
OAK HILL FL 32759

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☒ Addition
NAME	BRIGGS, FLOYD K.	12 NAME		
STREET ADDRESS	253 ADAMS ST	13 STREET ADDRESS		
CITY-ST-ZIP	OAK HILL FL	14 CITY-ST-ZIP	32759-	
TITLE	D	21 TITLE		☐ Change ☒ Addition
NAME	BOONE, TONY	22 NAME		
STREET ADDRESS	262 ADAMS RD.	23 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL	24 CITY-ST-ZIP	32141-	
TITLE	STD	31 TITLE		☐ Change ☒ Addition
NAME	PERKINS, LAURENCE	32 NAME		
STREET ADDRESS	3 SILVER CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	EDGEWATER FL 32141-5114	34 CITY-ST-ZIP	32141-5114	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LAURENCE PERKINS Laurence Perkins 5/4/95 904/427-2335
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0031994