FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE: 1 All



FLORIDA DEPARTMENT OF STATE

FILED

Feb 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N24448

(5)

CHRISTIAN AMERICAN VETERANS ASSOCIATION, INC.

Principal Place	of Business	Mailing Address				- I HADAHADI DID HIDII BARAH BIDIR			
P.O. BOX 577 OAK HILL FL 32759		P.O. BOX 577 OAK HILL FL 32759-0577							
						3. Date Incorporated or Qualified 01/21/1988	3a. Date of 03/2	Lest Re 27/199	port 6
2. Principal Pi	ace of Business	2a. Mailing Address				4. FEI Number 59-2931033			olied For
21 Cuito Apt 4	* alo	Suite Ant # etc	Suite, Apt. #, etc.			09 290 1000		Not B.75 A	Applicable
Suite, Apt. #, etc.			Suite, Apr. #, etc.			5. Certificate of Status Desired		Fee Rec	
City & State		City & State				6. Election Campaign Financing		5.00 ×	May Be
23		28				Trust Fund Contribution		Added to	
Zip	Country	Zip	Cour	itry		8. This corporation has liability for	intangible tax t		199.032,
24	25 25 9. Name and Address of Curre	29 3 ent Registered Agent	<u> </u>			Florida Statutes L 10. Name and Address of New Re			
				81 Nar	ne			/	
BRIGGS.	FLOYD K			62 Stre	ot Addre	ess (P.O. Box Number is Not Acceptat	nie)		
253 ADAMS ST				94 300	ot Addit	ose (1 .O. Box Homber to Hot Acceptat	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
OAK HIL	L FL 32759			83					
			ŀ	84 City			F, 85	Zip C	ode
44 6	0.000	00 and 017 1500. Florido Photodox	, the ab		ad aara	oration submits this statement for the p	FL O	polpo its	registered
office or re	prietored agent, or holb, in the Stat	ie of Florida. Such change was au	thorized	i hy the c	ed corpi orporati	on's board of directors. I hereby acce	pt the appoint	nent as r	egistered
_	m familiar with, and accept the obli	gations of, Section 617.0503, Flori	oa Stati	Jies.					
SIGNATURE _	Signature, typed or printed name of registered a	gent and title if applicable (NOTE:	Registered	Agent signa	iture require	ed when reinstating)	DATE		
12.		ND DIRECTORS	13.		····	ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	☐ DELETE	1.1 TIT				البا	Change	Addition
NAME	BRIGGS, FLOYD K		1.2 NA						
STREET ADDRESS	253 ADAMS ST OAK HILL FL			REET ADDRE	SS				
CITY-ST-ZIP TITLE	D D	The state of the s		1.4 CITY-ST-ZIP 2.1 TITLE				Change	Addition
NAME	BOONE, TONY		2.2 NA						
STREET ADDRESS	262 ADAMS RD.		2.3 ST	REET ADDRE	ss				
CITY-ST-ZIP	EDGEWATER FL		2. 4 CI						
TITLE	STD	DELETE	3.1 111	LE				Change	Addition
NAME	PERKINS, LAURENCE		3.2 NA						
STREET ADDRESS	3 SILVER CIRCLE			REET ADDRE	ss				
CHTY-ST-ZIP			3.4. CI 4.1 TII	TY-ST-ZIP				Change	Addition
TITLE		□ privie	4. 2 N				لسا		
NAME STREET ADDRESS				REET ADDRE	ss				
CITY - S1 - ZIP			1	IY-ST-ZIP					
TITLE		☐ DELETE	5.1 TI	L.E				Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 \$1	REET ADDRE	ss				
CITY-ST-ZIP		T ATLETE		TY-ST-ZIP				Change	Addition
TITLE		DELETE	6.1 TI				لــا	Change	L Addition
NAME OVERTY LERENTON			6.2 NA						
STREET ADDRESS				REET ADORE	33				
14. I do herel	by certify that the information suppl	ied with this filing does not qualify	· for the	TY-ST-ZIP exemptic	n stated	in Section 119.07(3)(i), Florida Statut	es. further cer	tify that	the
information information in am an o	on indicated on this annual report of fficer or director of the corporation in Block 12 or Block 13 if changed,	r supplemental annual report is true or the receiver or trustee empower or on an attachment with an addr	ue and a red to e	ccurate execute ti	and that his repor	my signature shall have the same leg it as required by Chapter 617, Florida	al effect as if n Statutes; and the	hade und hat my n	der oath; that ame