


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 -08:00 AM
Secretary of State

DOCUMENT # N35109 1. Entity Name CHINA-BURMA-INDIA VETERANS ASSOCIATION OF FLORIDA, INC.	
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Principal Place of Business 2295 COMO ST. PORT CHARLOTTE, FL 33948 US	Mailing Address P.O. BOX 380280 MURDOCK, FL 33938 US
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01132004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

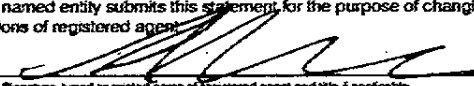
4. FEI Number 59-2987473	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**HUDSON, ELWOOD P.
2295 COMO ST.
PORT CHARLOTTE, FL 33948**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: **1/17/04**

Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILKAT, ALBERT O 7520 N.W. 7TH STREET PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUDSON, ELWOOD P. PO BOX 380280 MURDOCK, FL 33938
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDIN, RUSSELL J. 1356 KINGSWOOD CT FT MYERS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, JAMES 2836 BONGART RD WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASEY, JOHN E. 6323 17TH PL ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOWELL C. SIMPSON 1469 MAGELLIAN CIRCLE ORLANDO, FL

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IN THIS SPACE**

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01/23/04-80012-008 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: **1.17.04** DAYTIME PHONE #: **941-625-7912**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR