


**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.**



Principal Place of Business      Mailing Address  
 2295 COMO ST.      P.O. BOX 380280  
 PORT CHARLOTTE, FL 33948 US      MURDOCK, FL 33938 US

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-NP      CR2E037 (10/03)

4. FEI Number      Applied For  
 59-2987473      Not Applicable

5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 HUDSON, ELWOOD P.  
 2295 COMO ST.  
 PORT CHARLOTTE, FL 33948

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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.       \$5.00 May Be Added to Fees

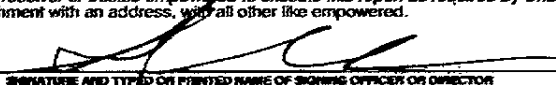
**10. OFFICERS AND DIRECTORS**

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

U00000010786  
 01/23/04-80012-008 61.25

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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      Date      Daytime Phone #