



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90043 016 ****61.25

DOCUMENT # N35109					
1. Entity Name CHINA-BURMA-INDIA VETERANS ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 2295 COMO ST. PORT CHARLOTTE, FL 33948 US			Mailing Address P.O. BOX 380280 MURDOCK, FL 33938 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2987473	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HUDSON, ELWOOD P. 2295 COMO ST. PORT CHARLOTTE, FL 33948			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WLKAT, ALBERT O		NAME		
STREET ADDRESS	7520 N.W. 7TH STREET		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33317		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUDSON, ELWOOD P.		NAME		
STREET ADDRESS	PO BOX 380280		STREET ADDRESS		
CITY-ST-ZIP	MURDOCK, FL 33938		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MEDIN, RUSSELL J.		NAME		
STREET ADDRESS	1358 KINGSWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUCAS, JAMES		NAME		
STREET ADDRESS	2836 BONGART RD		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASEY, JOHN E.		NAME		
STREET ADDRESS	6323 17TH PL		STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOWELL C. SIMPSON		NAME	LOWELL C. SIMPSON	
STREET ADDRESS	1469 MAGELLIAN CIRCLE		STREET ADDRESS	470 VILLAGE PL	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	LONGWOOD, FL, 32779	
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: 			1/14/05 941 625-7912		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		

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