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May 21 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36057** (0)

1. Corporation Name

**ALLIED VETERANS OF THE WORLD, INC. AND AFFILIATE
S POST #2**



Principal Place of Business 850 W. POPE RD., APT. 245 ST. AUGUSTINE FL 32084	Mailing Address 650 W. POPE RD., APT. 245 ST. AUGUSTINE FL 32084
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3. Date Incorporated or Qualified

01/11/1990

4. FEI Number

59-3145785

Applied For

Not Applicable

2. Principal Place of Business 21 1302 Ponce De Leon Blvd Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 ST. AUGUSTINE FL ST. JCHAS Zip 24 32084	27 City & State 28 Zip 29 Country 30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GROSSMAN, HAROLD
850 W. POPE RD., APT. #245
ST. AUGUSTINE FL 32084**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DT	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GROSSMAN, HAROLD		1.2 NAME	
STREET ADDRESS 850 W. POPE RD. APT # 245		1.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL 32084		1.4 CITY-ST-ZIP	
TITLE TT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BISHOP, RANDY chg.		2.2 NAME	
STREET ADDRESS 206 PHONETIA DRIVE ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL 32086		2.4 CITY-ST-ZIP	
TITLE DT	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DUNCAN, JOHNNY chg.		3.2 NAME	
STREET ADDRESS 4250 A1A SOUTH P-11 ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP ST. AUGUSTINE FL 32084		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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

[Signature] **Harold Grossman - HAROLD GROSSMAN**

850-476-5777

CR2E037 (10/97)