

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90052 001 ***140.00

DOCUMENT # N36057

1. Entity Name

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



Principal Place of Business

1965 STATE ROAD # 16
SAINT AUGUSTINE FL 32095
US

Mailing Address

PO BOX 840149
SAINT AUGUSTINE FL 32080

00401030



MOORE CR2E037 (11/03)

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

59-3145785

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

GROSSMAN HAROLD

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

City

1451 SAN JULIAN Circle

ST. AUGUSTINE

FL

Zip Code

32084

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 HAROLD GROSSMAN

POST #2 COMMANDER

2-2-04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE DT
NAME GROSSMAN, HAROLD ☐ Delete
STREET ADDRESS 650 W POPE ROAD #245
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE TT
NAME BISHOP, RANDY ☐ Delete
STREET ADDRESS #1A STREET #A
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE DT
NAME DUNCAN, JOHNNY ☐ Delete
STREET ADDRESS 390 A1A BEACH BLVD A-3
CITY-ST-ZIP ST. AUGUSTINE BEACH FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☒ Change ☐ Addition
NAME GROSSMAN HAROLD
STREET ADDRESS 1451 SAN JULIAN Circle
CITY-ST-ZIP ST. AUGUSTINE FL 32084

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DT ☒ Change ☐ Addition
NAME DUNCAN JOHNNY
STREET ADDRESS 390 A1A Beach Blvd #74
CITY-ST-ZIP ST. AUGUSTINE FL 32080

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Harold Grossman Harold Grossman 2-2-04 (904) 827-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #