2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 07, 2005 8:00 am DOCUMENT # N36057 **Secretary of State** 1. Entity Name 03-07-2005 90313 001 ***140.00 ALLIED VETERANS OF THE WORLD, INC. AND **AFFILIATES POST #2** Principal Place of Business Mailing Address 1965 STATE ROAD # 16 SAINT AUGUSTINE FL 32095 US PO BOX 840149 SAINT AUGUSTINE FL 32080 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/04) Applied For City & State City & State 4. FEI Number 59-3145785 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name E. DUNCAN 70-HNN4 GROSSMAN, HAROLD Street Address (P.O. Box Number is Not Acceptable) 1451 SAN JULINA CIRCLE ST. AUGUSTINE FL 32084 890 AlA BIACK Blup #74 Zip Code 32080 ST. Augustina 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. Jo Huny F. Duncarv Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DT Delete TITLE Cmot. ∠ Change Addition TITLE GROSSMAN, HAROLD Johnny E. Durche NAME NAME 1451 SAN JULINA CIRCLE STREET ADDRESS STREET ADDRESS 890 AlA BRACK Blue #74 ST. AUGUSTINE FL 32084 CITY-ST-ZIP CITY-ST-71P ST. Augustim F1. 32086 Change ☐ Addition TITLE ☐ Delete TITLE BISHOP, RANDY NAME NAME #1A STREET #A STREET ADDRESS STREET ADDRESS ST. AUGUSTINE FL 32086 CITY-ST-ZIP CITY-ST-ZIP DT Change Addition ☐ Delete TITLE TITLE DUNCAN, JOHNNY NAME NAME DONALD CUMMINGS 8809 TOWNSGUARE SO. 890 AIA BEACH BLVD #74 STREET ADDRESS STREET ADDRESS ST. AUGUSTINE BEACH FL 32080 CITY-ST-ZIP CITY-ST-7IP F1. 32216 HILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete THEF TITLE NAME NAME

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: S

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHNNY E. DUNCAN

STREET ADDRESS CITY-ST-ZIP

> 2/14/55 (964) 47/-67 Date Daytime Phone #

FILED