

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90046 017 ****70.00

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

2. Principal Place of Business

3. Mailing Address

1965 ST. Rd. 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ST. Augustine, FL.

Zip

Country

Zip

Country

32084

4. FEI Number

59-3145785

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUNCAN, JOHNNY E
890 A1A BEACH BLVD
74
SAINT AUGUSTINE FL 32080**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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 **CM** ☒ Delete
NAME **DURAN, JOHNNY E**
STREET ADDRESS **890 A1A BEACH BLVD, #74**
CITY-ST-ZIP **SAINT AUGUSTINE FL 32080**

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

TITLE **DT** ☐ Delete
NAME **CUMMINGS, DONALD**
STREET ADDRESS **8809 TOWNSGUARD SO**
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CM** ☒ Change ☐ Addition
NAME **DUNCAN JOHNNY E**
STREET ADDRESS **890 A1A Beach Blvd #74**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

TITLE **TT** ☒ Change ☐ Addition
NAME **Bishop Randy**
STREET ADDRESS **25-B Atlantic Oak Circle**
CITY-ST-ZIP **ST. AUGUSTINE FL 32080**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Johnny E. Duncan

JOHNNY E. DUNCAN

1-28-06

(904) 471-6771