

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36057

FILED
May 17, 2007
Secretary of State

Entity Name: ALLIED VETERANS OF THE WORLD, INC. AND AFFILIATES POST #2

Current Principal Place of Business:

1965 STATE ROAD # 16
SAINT AUGUSTINE, FL 32095 US

New Principal Place of Business:

1965 STATE ROAD 16
SAINT AUGUSTINE, FL 32084 US

Current Mailing Address:

1965 ST RD 16
SAINT AUGUSTINE, FL 32084

New Mailing Address:

1965 STATE RD 16
SAINT AUGUSTINE, FL 32084

FEI Number: 59-3145785 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CM () Delete
Name: DUNCAN, JOHNNY E
Address: 890 A1A BCH BLVD, # 74
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: TT () Delete
Name: BISHOP, RANDY
Address: 25-B ATLANTIC OAK CIR
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: DT () Delete
Name: CUMMINGS, DONALD
Address: 8809 TOWNSGUARD SO
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: QUIGLEY, JACOB B
Address: 6785 MAGNOLIA LN
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACOB B QUIGLEY

DS

05/17/2007

Electronic Signature of Signing Officer or Director

Date