


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90028 014 ****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 32084 US	Mailing Address 1965 STATE RD 16 SAINT AUGUSTINE, FL 32084
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40059313

2. Principal Place of Business - No P.O. Box # 8809 Townsquare Dr. S Suite, Apt. #, etc.	3. Mailing Address P.O. Box 160939 Suite, Apt. #, etc.
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03192008 Chg-NP CR2E037 (12/06)

City & State Jacksonville, FL	City & State Boiling Springs, SC
Zip 32216	Zip 29316
Country USA	Country USA

4. FEI Number 59-3145785	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DUNCAN, JOHNNY E 890 A1A BEACH BLVD # 74 SAINT AUGUSTINE, FL 32080	
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7. Name and Address of New Registered Agent Name Donald Cummings Street Address (P.O. Box Number is Not Acceptable) 8809 Townsquare Drive South City Jacksonville FL Zip Code 32216	
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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 <u><i>Donald Cummings</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u><i>03/30/08</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM DUNCAN, JOHNNY E 890 A1A BCH BLVD, # 74 SAINT AUGUSTINE, FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS QUIGLEY, JACOB B 6785 MAGNOLIA LN SAINT AUGUSTINE, FL 32086 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CUMMINGS, DONALD 8809 TOWNSGUARD SO JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CM Duncan, Johnny E P.O. Box 633 Callahan, FL 32011 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Davis, Michael 96528 Blackrock Road Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Cummings, Donald 8809 Townsquare Drive South Jacksonville, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>Johnny E. Duncan</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><i>3/23/08</i></u> Daytime Phone # <u><i>(904) 669-5426</i></u>