## 2008 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

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

04-04-2008 90028 014 \*\*\*\*70.00

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1. Entity Name
AI LIED VETERANS OF THE WORLD, INC. AND



	AFFILIATES POST #2							
1965 STATE	rincipal Place of Business 965 STATE ROAD 16 AINT AUGUSTINE, FL 32084 US Mailing Address 1965 STATE RD 16 SAINT AUGUSTINE, FL 32084			400593		: BIRKI BIRKI BIRKI BIR		
2. Principal P	lace of Business - No P.O. Box#	3. Mailing Address						
8809 Townsquare Dr. S. Suite, Apt. #, etc.		P.O. Box 160939						
		Suite, Apt. #, etc.		03192008 Chg-NP CR2E037 (12/06)				
Jackso	City & State Jacksonville, FL Boiling Springs			4. FEI Number 59-314578	5	No	oplied For ot Applicable	
Zip 32216	Country USA	<sup>Zip</sup> 29316	US.	,	5. Certificate of Status Desired Status Desired Fee Required			
	6. Name and Address of Current F	Registered Agent		Name	7. Name and Addr	ress of New Registere	d Agent	
DUNCAN,	JOHNNY E			Donald (	Cummings			
	ÉACH BLVD				(P.O. Box Number is N	lot Acceptable) rive South	1	
# 74 SAINT AU	GUSTINE, FL 32080			0009 10	MISQUATE D	LIVE SOUCH		
	3, III ( 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			City Jackson	ksonville FL 32216			
	named entity submits this statement for	the purpose of changing its	registere			the State of Florida. I a	ım familiar with,	and accept
the obligat	ions of registered agent.	1						,
SIGNATURE.	Vonald	Cumm	<u>.</u>	2		03	130/0	, &
	Signature, typed or printed name of registered agent a	nd title il applicable. (NOTE	: Recipitered	d Agent signature require	ed when reinstating)	σAt	E	
<u> </u>	Filing Fee is \$61.25	9. Election Carr	npaign Fi	inancing	\$5.00 мау Ве		eck payable to	
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Carr Trust Fund C	npaign Fi	inancing	\$5.00 May Be Added to Fees	Florida Dep	partment of Si	tate
10.	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIR	9. Election Carr Trust Fund C	npaign Fi Contributi 11.	inancing on.	\$5.00 May Be Added to Fees		DIRECTORS IN	tate
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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.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS CITY-ST-ZIP