

\$70.00

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


FILED
Jan 11, 2008 8:00 am
Secretary of State

01-11-2008 90066 018 ****70.00

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01072008 Chg-NP CR2E037 (12/06)

DOCUMENT # N39095			
1. Entity Name SOUTH FLORIDA VETERANS MULTI-PURPOSE CENTER, INC.			
Principal Place of Business 1888 N UNIVERSITY DR PLANTATION, FL 33322 US		Mailing Address 1888 N UNIVERSITY DR PLANTATION, FL 33322 US	
2. Principal Place of Business - No P.O. Box # 4252 SW 64TH AVE		3. Mailing Address 4252 SW 64TH AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State DAVIE, FL		City & State DAVIE, FL	
Zip 33314	Country USA	Zip 33314	Country USA
4. FEI Number 65-0205276		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BAMBURY, ROBERT J. 13841 SW 36TH COURT DAVIE, FL 33330-1505		7. Name and Address of New Registered Agent 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: <u>Robert J. Bambury</u> ROBERT J. BAMBURY PRESIDENT 01-06-08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BAMBURY, ROBERT J. 13841 S.W. 36TH COURT DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRACY, TORELLI 1888 N UNIVERSITY DRIVE PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TRACY TORELLI 4252 SW 64TH AVE DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARGE, BAMBURY 1888 N UNIVERSITY DRIVE PLANTATION, FL 33322 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARGE BAMBURY 4252 SW 64TH AVE DAVIE, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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>Robert J. Bambury</u> ROBERT J. BAMBURY PRES. 01-06-08 754-791-8603		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #	