

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N43997

1. Entity Name

CHRISTIAN VETERANS ASSOCIATION, INC.

**FILED**  
**Mar 16, 2000 8:00 am**  
**Secretary of State**

03-16-2000 90003 019 \*\*\*\*70.00

Principal Place of Business

60 SOUTH COPELAND ST  
JACKSONVILLE FL 32203  
US

Mailing Address

CHRISTIAN VETERANS ASS. INC.  
P O BOX 2306  
JACKSONVILLE FL 32203-2306

2. Principal Place of Business

3. Mailing Address

P.O. Box 551065

Suite, Apt. #, etc.

Suite, Apt. #, etc.

JACKSONVILLE FL

City & State

City & State

32255-1065

4. FEI Number

59-3078720

Applied For

Not Applicable

Zip

Country

Zip

Country

DOVAL

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYETT, FRED  
5839 COMMERCE ST  
JACKSONVILLE FL 32211

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME TD  
STREET ADDRESS PAINTER, DEWEY E. SR.  
CITY-ST-ZIP 84 KNIGHT BOXX ROAD  
ORANGE PK FL

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

TITLE ☐ Delete  
NAME SD  
STREET ADDRESS WALKER, BEN  
CITY-ST-ZIP 8004 GORDEAN RD  
JACKSONVILLE FL

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

TITLE ☐ Delete  
NAME PD  
STREET ADDRESS BOYETT, FRED  
CITY-ST-ZIP 5837 COMMERCE ST.  
JACKSONVILLE FL

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

TITLE ☒ Delete  
NAME MD  
STREET ADDRESS SCALF, CLYDE  
CITY-ST-ZIP 731 HERBERT ST  
PORT ORANGE FL 32119

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)