

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 16, 2004 8:00 am**  
**Secretary of State**

03-16-2004 90030 040 \*\*\*\*70.00

**DOCUMENT # N43997**

1. Entity Name

CHRISTIAN VETERANS ASSOCIATION, INC.



Principal Place of Business

60 SOUTH COPELAND ST  
JACKSONVILLE FL 32204  
US

Mailing Address

P O BOX 8792  
JACKSONVILLE FL 32279-0792

2. Principal Place of Business

5609 TIMUQUANA

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

City & State

Zip

32220

Country

Zip

Country

4. FEI Number

59-3078720

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOYETT, FRED  
10724 KARONGALE LANE  
JACKSONVILLE FL 32225

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

10724 KARONGALE LANE

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

FRED BOYETT President

3 10 04

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE VD  
NAME SAPP, TOM  
STREET ADDRESS 12751 OLD PLANK RD  
CITY-ST-ZIP JACKSONVILLE FL 32220 ☒ Delete

TITLE VD  
NAME MUSICO, TONY  
STREET ADDRESS P.O. BOX 61471  
CITY-ST-ZIP JACKSONVILLE FL 32220 ☐ Delete

TITLE VP  
NAME TANTANIELA, JOHN  
STREET ADDRESS 901 N. 17th ST  
CITY-ST-ZIP ALTOONA PA 16601 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
32221

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
1350-FLAMING ST  
GREEN COVE SPRINGS FLA 32043

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

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

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

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:

FRED BOYETT President

3 10 04

904 777 1979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #