

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45479

FILED  
Jan 16, 2009  
Secretary of State

**Entity Name:** PURPLE HEART VETERANS OF FLORIDA, INC.

**Current Principal Place of Business:**

1905 KING ARTHUR CIRCLE  
MAITLAND, FL 327515823 US

**New Principal Place of Business:**

**Current Mailing Address:**

1905 KING ARTHUR CIRCLE  
MAITLAND, FL 327515823 US

**New Mailing Address:**

**FEI Number:** 59-3090999

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOWEN, DANA L II  
1905 KING ARTHUR CIRCLE  
MAITLAND, FL 327515823 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GOWEN, DANA L II  
Address: 1905 KING ARTHUR CIRCLE  
City-St-Zip: MAITLAND, FL 327515823 US

Title: VD ( ) Delete  
Name: BRACKETT, MICHAEL  
Address: 342 MAULDIN PLACE  
City-St-Zip: THE VILLAGES, FL 32162

Title: TD ( ) Delete  
Name: MITCHELL, RONALD  
Address: 36025 HILLBROOK AVE  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: SD ( ) Delete  
Name: HASKINS, J B  
Address: 1414 SO CHATSWORTH PT  
City-St-Zip: LECANTO, FL 34461

Title: D ( ) Delete  
Name: SMITH, DONALD C  
Address: 1812 SO HOUSTON DR  
City-St-Zip: DELTONA, FL 32738

Title: D ( ) Delete  
Name: WASHBISH, DONALD  
Address: 2601 SW 10TH ST APT 242  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: HASKINS, J B  
Address: 1671 INDEPENDANCE AVE.  
City-St-Zip: MELBOURNE, FL 32940

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANA L. GOWEN, II

PD

01/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date