



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90011 046 \*\*\*\*70.00

|  |                               |   |   |   |  |
|--|-------------------------------|---|---|---|--|
| <b>DOCUMENT # N94000004749</b><br>1. Entity Name<br><b>FRIENDS OF VETERANS, INC.</b>   |                               |   |   |  |  |
| Principal Place of Business<br><b>2511 WESTGATE AVE. SUITE 7<br/>WEST PALM BEACH, FL 33409</b>   |                               |   | Mailing Address<br><b>2511 WESTGATE AVE. SUITE 7<br/>WEST PALM BEACH, FL 33409</b>  |   |  |
| 2. Principal Place of Business - No P.O. Box #   |                               | 3. Mailing Address  |   |   |  |
| Suite, Apt. #, etc.  |                               | Suite, Apt. #, etc.   |   |   |  |
| City & State   |                               | City & State  |   |   |  |
| Zip  | Country                       | Zip   | Country   | 01152008    Chg-NP    CR2E037 (12/06)   |  |
| 4. FEI Number<br><b>65-0533828</b>   |                               |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>   |                               |   |   | <b>\$8.75</b> Additional Fee Required   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>KOEHLER, DENNIS P ESQ<br/>3974 OKEECHOBEE BLVD<br/>SUITE 2<br/>WEST PALM BEACH, FL 33409</b>   |                               |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                               |   |   |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |                               | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00</b> May Be Added to Fees  |  |
| <b>Make check payable to<br/>Florida Department of State</b>   |                               |   |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |                               |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>  |   |  |
| TITLE  | P                             | <input type="checkbox"/> Delete   | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |  |
| NAME   | KOEHLER, DENNIS P             |   | NAME  | 2511 Westgate Ave, Ste. 7   |  |
| STREET ADDRESS   | 3974 OKEECHOBEE BLVD., 2      |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33409     |   | CITY-ST-ZIP   |   |  |
| TITLE  | VP                            | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | KLEIN, JEROLD A               |   | NAME  |   |  |
| STREET ADDRESS   | 2292 STONEGATE DR             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | WELLINGTON, FL 33414          |   | CITY-ST-ZIP   |   |  |
| TITLE  | S                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | REBILLARD, CHARLOTTE M        |   | NAME  |   |  |
| STREET ADDRESS   | 4968 ALDER DRIVE UNIT B       |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | WEST PALM BEACH, FL 33417     |   | CITY-ST-ZIP   |   |  |
| TITLE  | T                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   | AUGUSTS, AARON                |   | NAME  |   |  |
| STREET ADDRESS   | 7395 WILLOW SPRINGS CIRCLE E. |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | BOYNTON BEACH, FL 33436       |   | CITY-ST-ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                               |   | NAME  |   |  |
| STREET ADDRESS   |                               |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                               |   | CITY-ST-ZIP   |   |  |
| TITLE  |                               | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME   |                               |   | NAME  |   |  |
| STREET ADDRESS   |                               |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                               |   | CITY-ST-ZIP   |   |  |
| 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. |                               |   |   |   |  |
| <b>SIGNATURE:</b>   |                               |   | 1/21/08    561-684-2844   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                               |   | <small>Date    Daytime Phone #</small>  |   |  |