

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004749

FILED
Jan 12, 2009
Secretary of State

Entity Name: FRIENDS OF VETERANS, INC.

Current Principal Place of Business:

2511 WESTGATE AVE. SUITE 7
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2511 WESTGATE AVE. SUITE 7
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-0533828 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOEHLER, DENNIS P ESQ
3974 OKEECHOBEE BLVD
SUITE 2
WEST PALM BEACH, FL 33409 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: P () Delete
Name: KOEHLER, DENNIS P
Address: 2511 WESTGATE AVE., STE. 7
City-St-Zip: WEST PALM BEACH, FL 33409

Title: VP () Delete
Name: KLEIN, JEROLD A
Address: 2292 STONEGATE DR
City-St-Zip: WELLINGTON, FL 33414

Title: S () Delete
Name: REBILLARD, CHARLOTTE M
Address: 4968 ALDER DRIVE UNIT B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T () Delete
Name: AUGUSTS, AARON
Address: 7395 WILLOW SPRINGS CIRCLE E.
City-St-Zip: BOYNTON BEACH, FL 33436

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: () 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: DENNIS P. KEOHLER

P

01/12/2009

Electronic Signature of Signing Officer or Director

_____ Date