

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004043

FILED  
Feb 03, 2009  
Secretary of State

**Entity Name:** COUNTY VETERANS SERVICE OFFICERS ASSOCIATION OF FLORIDA, INC.

**Current Principal Place of Business:**

2072 VICTORIA AVE  
FORT MYERS, FL 33901

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 398  
FORT MYERS, FL 33902

**New Mailing Address:**

**FEI Number:** 31-1584156

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LOCKHART, DAVID L  
2072 VICTORIA AVE.  
FORT MYERS, FL 33901 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: HADDOX, JOHN L  
Address: 2401 SE MONTEREY RD  
City-St-Zip: STUART, FL 34996

Title: VP ( ) Delete  
Name: HIOTT, PAUL J  
Address: 2300 VIRGINIA AVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: S ( ) Delete  
Name: KRALEY, PETER P  
Address: 3301 TAMiami TrL E  
City-St-Zip: NAPLES, FL 34112

Title: T ( ) Delete  
Name: LOCKHART, DAVID L  
Address: P.O BOX 398  
City-St-Zip: FORT MYERS, FL 33902

Title: IPP ( ) Delete  
Name: MCGUFFIE, GLENN A  
Address: 2725 FRAN JAMIESON WAY  
City-St-Zip: MELBOURNE, FL 32940

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

Title: P (X) Change ( ) Addition  
Name: HADDOX, JOHN L  
Address: 435 SE FLAGLER AVENUE  
City-St-Zip: STUART, FL 34994

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: IPP (X) Change ( ) Addition  
Name: MCGUFFIE, GLENN A  
Address: 2725 FRAN JAMIESON WAY  
City-St-Zip: VIERA, FL 32940

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: DAVID L LOCKHART

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02/03/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date