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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000000882

Corporation Name
REGULAR AMERICAN VETERANS INC
NATIONAL HEADQUARTERS

Principal Place of Business
4642 COASTAL HWY
CRAWFORDVILLE FL.
32327

Mailing Address
4642 COASTAL HWY
CRAWFORDVILLE FL
32327

Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
4642 COASTAL HWY	26 " "	NOV 9, 1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 3290603 59-~~3290603~~ ☐ Applied For ☐ Not Applicable
	27 " "	
City & State	City & State	5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required
CRAWFORDVILLE FL	28 " "	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
32327 25 ~~ZIP/FOREIGN~~ USA	29 " " 30 ~~FOREIGN~~ USA	

9. Name and Address of Current Registered Agent

JOHN F HEARON National Commander
4642 COASTAL HWY
CRAWFORDVILLE FL 32327

10. Name and Address of New Registered Agent

81 Name: JOHN F HEARON
82 Street Address (P.O. Box Number is Not Acceptable): 4642 COASTAL HWY
83
84 City: CRAWFORDVILLE FL 85 Zip Code: 32327

Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: John F. Hearon (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NATIONAL COMMANDER ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	JOHN F HEARON (D)	1.2 NAME	
STREET ADDRESS	4642 COASTAL HWY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL. 32327	1.4 CITY-ST-ZIP	
TITLE	NATIONAL SERVICE ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WALTER ARRINGTON (D)	2.2 NAME	
STREET ADDRESS	3528 LONDON LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WORTH TX 76118	2.4 CITY-ST-ZIP	
TITLE	NATIONAL ADJ/QMSTR ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHN B ENGBERG (D)	3.2 NAME	
STREET ADDRESS	1309 FIARRISON LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTIN TX 78742	3.4 CITY-ST-ZIP	
TITLE	NATIONAL JR. VICE CMDR. ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	JERRY CARTER (T)	4.2 NAME	
STREET ADDRESS	9663 WOODVILLE HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE 32311	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	VESTER ADAMS	5.2 NAME	
STREET ADDRESS	RT 3 BOX 1065 TAL. FL. 32311	5.3 STREET ADDRESS	
CITY-ST-ZIP	HWY 363 Woodville (T)	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	RICHARD YELTON	6.2 NAME	
STREET ADDRESS	272 E MONTEREY (T)	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMONA CA 91766	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John F. Hearon National Commander 8-15-99 1-850 926 5309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #