

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000000882

1. Entity Name
REGULAR AMERICAN VETERANS INC. NATIONAL
HEADQUARTERS



Principal Place of Business
742 DEL NORTEHWY
ONTARIO, CA 91764 US

Mailing Address
742 DEL NORTEHWY
ONTARIO, CA 91764 US

FILED

05 JAN 11 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112005 Chg-NP CR2E037 (10/03) 05

4. FEI Number
59-3280603

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEARON, JOHN F
4640 COASTAL HWY
CRAWFORDVILLE, FL 32327

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DNC
YELTON, RICHARD
742 DEL NORTE
ONTARIO, CA 91762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DNV
ARRINGTON, WALTER
3528 LONDON LANE
FORT WORTH, TX 76118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ENGBERG, JOHN B
1309 HARRISON LANE
AUSTIN, TX 78742 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CARTER, JERRY
9883 WOODVILLE HWY
TALLAHASSEE, FL 32311 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ADAMS, VESTER
RT 5 BOX 1065 HWY 63
TALLAHASSEE, FL 32311 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
PHILLIP, VELLA
1309 HARRISON LANE
AUSTIN, TX 78742 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600045624136
01/31/05--01009--024 **\$61.25
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
John Hearon
4640 Coastal Hwy
Crawfordville, FL 32327
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

John Hearon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-11-05

B