2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000000393

FILED Apr 13, 2009 Secretary of State

Entity Name: SOUTHERN VETERANS OF THE PANHANDLE INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
340 KNIG	RGE EVERITT SHTS CIRCLE ENT, FL 32533				
current Mailing Address:		New Mailing Addres	New Mailing Address:		
340 KNIG	RGE EVERITT SHTS CIRCLE ENT, FL 32533				
El Number:	: 59-3421863	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
ame and	Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
VERITT,	CEODOE				
40 KNIG	GEORGE SHTS CIRCLE ENT, FL 32533	US			
340 KNIG ANTOME ne above	SHTS CIRCLE ENT, FL 32533		ourpose of changing its registere	ed office or registered agent, or both,	
340 KNIG ANTOME ne above the State	HTS CIRCLE ENT, FL 32533 named entity set of Florida.		ourpose of changing its registere	ed office or registered agent, or both,	
40 KNIG ANTOME ie above the State	HTS CIRCLE ENT, FL 32533 named entity set of Florida. RE:			ed office or registered agent, or both, Date	
340 KNIG ANTOME he above the State	HTS CIRCLE ENT, FL 32533 named entity set of Florida. RE:	ubmits this statement for the p	ent		
340 KNIG ANTOME ne above the State GNATUF	SHTS CIRCLE ENT, FL 32533 named entity set of Florida. RE: Electroni S AND DIRECT	ubmits this statement for the postered Age C Signature of Registered Age CORS: Delete	ent	Date	
s40 KNIG ANTOME ne above the State GNATUF FFICERS le: me: dress:	ents CIRCLE ENT, FL 32533 named entity s e of Florida. RE: Electroni S AND DIRECT P () HALL, RON 245 WHITE ST NICEVILLE, FL	ubmits this statement for the procession of Registered Age ORS: Delete 32578 Delete MEADOW RD	ent ADDITIONS/CHANG Title: Name: Address:	Date SES TO OFFICERS AND DIRECTOR	

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: RICK HAZEN V 04/13/2009