

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006226

FILED
Mar 19, 2009
Secretary of State

Entity Name: ALLIED VETERANS OF THE WORLD, INC. & AFFILIATES: HQ AUX.

Current Principal Place of Business:

1625 FOUR SEASONS BLVD.
SUITE 161
HENDERSONVILLE, NC 28793

New Principal Place of Business:

1625 FOUR SEASONS BLVD.
SUITE 161
HENDERSONVILLE, NC 28793 US

Current Mailing Address:

P.O. BOX 160939
BOILING SPRINGS, SC 29316 US

New Mailing Address:

FEI Number: 59-3477803 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOLANA, SANDY
268 YARBOROUGH CIRCLE
SAINT AUGUSTINE, FL 32095 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: PDT () Delete
Name: RAMOS, MOSES
Address: P.O. BOX 633
City-St-Zip: CALLAHAN, FL 32011

Title: VP () Delete
Name: DUNCAN, LINDA
Address: P.O. BOX 633
City-St-Zip: CALLAHAN, FL 32011

Title: ST () Delete
Name: SOLANA, SANDY
Address: 268 YARBOROUGH CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RAMOS, MOSES
Address: P.O. BOX 633
City-St-Zip: CALLAHAN, FL 32011 US

Title: DVP (X) Change () Addition
Name: DUNCAN, LINDA
Address: P.O. BOX 633
City-St-Zip: CALLAHAN, FL 32011 US

Title: DS (X) Change () Addition
Name: SOLANA, SANDY
Address: 268 YARBOROUGH CIRCLE
City-St-Zip: SAINT AUGUSTINE, FL 32095 US

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: LAURIE M. LEE, ESQ.

ATTY

03/19/2009

Electronic Signature of Signing Officer or Director

Date