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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000001758

1. Corporation Name

ALLIED VETERANS OF THE WORLD, INC: & AFFILIATES POST NO. 5 INC.

Principal Place of Business	Mailing Address
~~2993 KINGS RD N~~ ~~HILLIARD FL 32046~~ 2015 N. KINGS RD. HILLIARD FL 32046	~~2993 KINGS RD N~~ ~~HILLIARD FL 32046~~ 2015 N. Kings RD. Hilliard Fl. 32046

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 2015 N. KINGS RD.	26 2015 N. KINGS RD.	03/25/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 593478009 ☐ Applied For ☐ Not Applicable
City & State 23 Hilliard Fl.	City & State 28 Hilliard Fl.	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 32046 Country 25 USA	Zip 29 32046 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

~~BASS, JERRY W~~
~~1000 EASTWOOD RD APT M-7~~
~~HILLIARD FL 32046~~

10. Name and Address of New Registered Agent

81 Name: ANDREW DUNCAN
82 Street Address (P.O. Box Number is Not Acceptable): 1000 EASTWOOD RD APT E 2
83
84 City: Hilliard FL 85 Zip Code: 32046

11. 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: ANDREW DUNCAN PRESIDENT — DATE: 4-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	Commander	☑ DELETE	1.1 TITLE	Commander - T	☑ Change ☐ Addition
NAME	ANDREW DUNCAN		1.2 NAME	ANDREW DUNCAN	
STREET ADDRESS	1000 EASTWOOD RD. (APT E2)		1.3 STREET ADDRESS	1000 EASTWOOD RD APT E2	
CITY-ST-ZIP	Hilliard Fl. 32046		1.4 CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	Vice Commander	☑ DELETE	2.1 TITLE	Vice Commander - T	☑ Change ☐ Addition
NAME	JERRY BASS		2.2 NAME	JERRY BASS	
STREET ADDRESS	1000 EASTWOOD RD. (APT M-7)		2.3 STREET ADDRESS	1000 EASTWOOD RD APT M-7	
CITY-ST-ZIP	Hilliard Fl 32046		2.4 CITY-ST-ZIP	HILLIARD FL 32046	
TITLE	Secretary	☑ DELETE	3.1 TITLE	Sec-Treas - T	☑ Change ☐ Addition
NAME	Robert Donovan		3.2 NAME	Robert Donovan	
STREET ADDRESS	8604 Gray Bar Dr.		3.3 STREET ADDRESS	8604 GRAY BAR DR.	
CITY-ST-ZIP	Jacksonville Fl. 32211		3.4 CITY-ST-ZIP	JACKSONVILLE FL 32221	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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: SIGNATURE REQUIRED — 4-19-99 — (904) 845-7499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)