## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jul 13, 2005 8:00 am Secretary of State

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DOCUMENT # N9800001758  1. Entity Name ALLIED VETERANS OF THE WORLD, INC: & AFFILIATES POST NO. 5 INC.					07-13-2005	90030 001 ***13	
Principal Place of Business         Mailing Address           541530 U.S. HWY 1         541530 U.S. HWY 1           HILLIARD, FL 32046         HILLIARD, FL 32046					0	DUKANAT	
	Place of Business	3 Mailing Address					
Suite, Apt.	H3)HS Hry I !	Suite, Apt. #, etc.	n C				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		07062005 CI	ng-NP	CR2E037 (10/03)	
City & Stat	TORY Florida	City & State		4. FEI Number 59-347800	9	, <del>  </del>	oplied For ot Applicable
2ip	Country WASAH	Zip	Country	5. Certificate of St	atus Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Name	7. Name and Add	ress of New R	egistered Agent	
FOREHAND, WILLIAM R				Hope (P.O. Day Number in Not Accordant to			
541522 U. HILLIARD,	S. HWY #1 . FL 32046		Street Addi	Street Address (P.O. Box Number is Not Acceptable)			
, , , , , , , , , , , , , , , , , , , ,	,						
			City			FL Zip Cod	е
	named entity submits this statement for	or the purpose of changing its re	gistered office or re	egistered agent, or both, in	the State of Flo	rida. I am familiar with,	and accept
trie obligat	tions or registered agent.	1/					
1						10 C al ()	"
SIGNATURE .						p9-01-0	<u> </u>
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	egistered Agent signature r	required when reinstating)	mandle in the control of the control	DATE	<u> </u>
	Signature, type or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005	9. Election Camp: Trust Fund Cor	aign Financing	\$5.00 May Be		DATE  ake check payable to da Department of S	
D:	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND DI	9. Election Campo Trust Fund Cor RECTORS	aign Financing htribution.	\$5.00 May Be Added to Fees	Flori	ake check payable to da Department of S	tate
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12. I hereby certify that the information supplied with this filing closs 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:

SIGNATURE AND TIPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19-01-01

Daytime Phone #

ATTACHMENT NAR OUOLASO7-91-25
Florids Department of STATE Division of CARporations 66 24540 Alliel Veterns of The world post 5 DIA not recieve none 1st notice TO REMEW BURALE PHR ADDRESS WAS changed Again By The pret protec From 541530 TO 551143 our postman avoirced This are and resent. To pur new ADDRESS. IF I need To Do any Thing else please CAll Kuy Ferenand AT My 904 A30721 Hand Lot