


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-13-2005 90030 001 \*\*\*131.25

<b>DOCUMENT # N98000001758</b>	
1. Entity Name <b>ALLIED VETERANS OF THE WORLD, INC: &amp; AFFILIATES POST NO. 5 INC.</b>	

Principal Place of Business <b>541530 U.S. HWY 1 HILLIARD, FL 32046</b>	Mailing Address <b>541530 U.S. HWY 1 HILLIARD, FL 32046</b>
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00044041

2. Principal Place of Business <b>541530 U.S. Hwy #1</b>	3. Mailing Address <b>Same</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



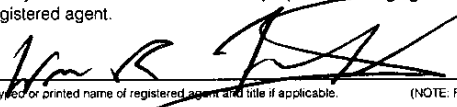
07062005 Chg-NP CR2E037 (10/03)

City & State <b>Hilliard Florida</b>	City & State
Zip <b>32046</b>	Country <b>NASAH</b>

4. FEI Number <b>59-3478009</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required


6. Name and Address of Current Registered Agent	
<b>FOREHAND, WILLIAM R 541522 U.S. HWY #1 HILLIARD, FL 32046</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 	DATE <b>07-01-05</b>

<b>Filing Fee is \$61.25 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT FOREHAND, WILLIAM R 541522 U.S. HWY, #1 HILLIARD, FL 32046 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BASS, JERRY 2714 US HWY 1 CALLAHAN, FL 32011 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DONOVAN, ROBERT 8604 GRAY BAR DR. JACKSONVILLE, FL 32221 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE <b>07-01-05</b>

ATTACHMENT N98000001759  
N48000017597-01-25  
Florida Department of STATE  
Division of Corporations 0624541  
0624540

Allied Veterans of The World post 5

DID NOT RECEIVE YOUR 1<sup>ST</sup> NOTICE

TO RENEW BECAUSE OUR ADDRESS WAS  
CHANGED AGAIN BY THE POST OFFICE  
FROM 541530 TO 551143 OUR POSTMAN  
NOTICED THIS ONE AND RESENT IT  
TO OUR NEW ADDRESS. IF I  
NEED TO DO ANY THING ELSE PLEASE  
CALL Roy Freehand AT DAY <sup>904</sup> 6930721  
Gandoban

