

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90019 025 ****70.00

DOCUMENT # N98000001758					
1. Entity Name ALLIED VETERANS OF THE WORLD, INC: & AFFILIATES POST NO. 5 INC.					
Principal Place of Business 542830 U.S. HWY 1 CALLAHAN, FL 32011			Mailing Address 542830 U.S. HWY 1 CALLAHAN, FL 32011		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address P.O. Box 633			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Callahan, FL		4. FEI Number 57-3478011	
Zip		Country 32011 USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FOREHAND, WILLIAM R 542830 U.S. HWY #1 CALLAHAN, FL 32011			7. Name and Address of New Registered Agent Name Forehand, William R. Street Address (P.O. Box Number is Not Acceptable) 1570 S. Lane Avenue Apt. 905 City Jacksonville FL Zip Code 32210		
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 <u>03-31-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VT NAME FOREHAND, WILLIAM R STREET ADDRESS 541522 U.S. HWY, #1 CITY-ST-ZIP HILLIARD, FL 32046	<input type="checkbox"/> Delete		TITLE VT NAME Forehand, William R. STREET ADDRESS 1570 S. Lane Avenue, Apt. 905 CITY-ST-ZIP Jacksonville, FL 32210	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME BASS, JERRY STREET ADDRESS 2714 US HWY 1 CITY-ST-ZIP CALLAHAN, FL 32011	<input type="checkbox"/> Delete		TITLE VP NAME Bass, Jerry STREET ADDRESS P.O. Box 633 CITY-ST-ZIP Callahan, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME DONOVAN, ROBERT STREET ADDRESS 8604 GRAY BAR DR. CITY-ST-ZIP 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	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>03-31-08</u> Daytime Phone # <u>208 2591</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					