

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001758

FILED
Mar 19, 2009
Secretary of State

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

Current Principal Place of Business:

542830 U.S. HWY 1
CALLAHAN, FL 32011

New Principal Place of Business:

542830 U.S. HWY 1
CALLAHAN, FL 32011 US

Current Mailing Address:

P.O. BOX 633
CALLAHAN, FL 32011

New Mailing Address:

P.O. BOX 633
CALLAHAN, FL 32011 US

FEI Number: 57-3478011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAM, FOREHAND R
1570 S. LANE AVENUE
APT. 905
JACKSONVILLE, FL 32210 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: VT () Delete
Name: FOREHAND, WILLIAM R
Address: 1570 S. LANE AVENUE APT. 905
City-St-Zip: JACKSONVILLE, FL 32210

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

Title: ST () Delete
Name: DONOVAN, ROBERT
Address: 8604 GRAY BAR DR.
City-St-Zip: JACKSONVILLE, FL 32221

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVT (X) Change () Addition
Name: FOREHAND, WILLIAM R
Address: 1570 S. LANE AVENUE APT. 905
City-St-Zip: JACKSONVILLE, FL 32210 US

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

Title: DST (X) Change () Addition
Name: DONOVAN, ROBERT
Address: 8604 GRAY BAR DR.
City-St-Zip: JACKSONVILLE, FL 32221 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