


<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001759

5599997-90058-16

1. Corporation Name  
**ALLIED VETERANS OF THE WORLD, INC: & AFFILIATES  
 POST NO. 5 AUXILIARY INC.**

Principal Place of Business 2030 KINGS RD N MILLARD FL 32046 <b>2015 N Kings RD Millard FL 32046</b>	Mailing Address 2030 KINGS RD N MILLARD FL 32046 <b>2015 N Kings RD Millard FL 32046</b>
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2. Principal Place of Business 21 <b>2015 N. KINGS RD.</b> Suits, Apt. #, etc.	2a. Mailing Address 20 <b>2015 N. Kings RD.</b> Suits, Apt. #, etc.	3. Date incorporated or Qualified <b>03/25/1998</b>
22 City & State <b>Millard FL</b>	27 City & State <b>Millard FL</b>	4. FEI Number <b>593478011</b>
23 Zip <b>32046</b>	29 Zip <b>32046</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25 Country <b>USA</b>	30 Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <del>HUGHES, RUBY          12024 CANADLEWYCK LANE          JACKSONVILLE FL 32225</del>	81 Name <b>DANA Gillespie</b>
	82 Street Address (P.O. Box Number is Not Acceptable) <b>1000 EASTWOOD RD APT E2</b>
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	84 City <b>Millard</b> FL 85 Zip Code <b>32046</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **DANA Gillespie President Dana Gillespie** DATE **4-19-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DANA Gillespie</b>		1.2 NAME <b>DANA GILLESPIE</b>	
STREET ADDRESS <b>1000 EASTWOOD RD (APT E2)</b>		1.3 STREET ADDRESS <b>1000 EASTWOOD RD APT E2</b>	
CITY-ST-ZIP <b>Millard FL 32046</b>		1.4 CITY-ST-ZIP <b>MILLARD FL 32046</b>	
TITLE <b>Vice-President</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VICE-PRESIDENT - T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUBY Hughes</b>		2.2 NAME <b>RUBY HUGHES</b>	
STREET ADDRESS <b>12024 CANADLEWYCK LANE</b>		2.3 STREET ADDRESS <b>12024 CANADLEWYCK LANE</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32225</b>		2.4 CITY-ST-ZIP <b>JACKSONVILLE FL 32225</b>	
TITLE <b>SECRETARY</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>SEC. TREAS - T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LINDA DUNOVAN</b>		3.2 NAME <b>LINDA DUNOVAN</b>	
STREET ADDRESS <b>9604 GRAYBAR DR.</b>		3.3 STREET ADDRESS <b>9604 GRAYBAR DR.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL 32221</b>		3.4 CITY-ST-ZIP <b>JACKSONVILLE FL 32221</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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: *DANA GILLESPIE* SIGNATURE REQUIRED *DANA GILLESPIE* (904) 845-7499

CR20037 (11/98)