OCUMEN	I IFḋRM BU ⊤ # N9800	FILED Apr 29, 2002 8:00 am Secretary of State						
Entity Name								
Homeless & D	DISABLED VETERA	NS AID SOCIETY, INC.		04-2	29-2002 90210 04	45 ****61.	.25	
incipal Place of Busin	iess	Mailing Address						
01 Mobile Highway Insacola Fl 32505		3801 MOBILE HIGHWAY PENSACOLA FL 32505						
				1 1881) 01 848 1018 10	11 00111 00111 00111 001 11 001	In a rting and e fa	(1 1 0 (1) (10) 1	
Principal Place of Bu	usiness	3. Mailing Address						
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE Applied For Applied For Applied For Not Applicable				
							Zip	Country
	me and Address of Cur	rrent Registered Agent	<u> </u>	7. Name and Address		Fee Required		
د. بوستر ، یه محمد کرد ، در کرده می می می کرد ، در کرد می می می می می می در در در می می می می می می می می می م مربع می			Name					
MELEI, STEVEN E				Street Address (P.O. Box Number is Not Acceptable)				
3603 MOBILE HWY PENSACOLA FL 32								
		·	· City	· · · · · · · · · · · · · · · · · · ·	FL	Zip Code)	
Signature, ty	ped or printed name of registered	9. Election C	OTE: Registered Agent signature req	\$5.00 May Be	Make Check			
	DW: FEE IS \$61.25	9. Election C					to	
FILE NO		9. Election C Trust Fund D DIRECTORS	ampaign Financing d Contribution.	\$5.00 May Be	Make Check Departmer	nt of State	to	
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