

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000007336

1. Entity Name

**HOMELESS & DISABLED VETERANS AID SOCIETY,
INC.**



Principal Place of Business

**3601 MOBILE HIGHWAY
PENSACOLA FL 32505**

Mailing Address

**3601 MOBILE HIGHWAY
PENSACOLA FL 32505**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

31-1639722

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MELEI, STEVEN E
3603 MOBILE HWY
PENSACOLA FL 32505**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Joseph E Melei

JOSEPH E MELEI

Feb 13 2007

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE: PTD ☐ Delete
NAME: MELEI, JOSEPH E
STREET ADDRESS: 815 KIRK ST
CITY-STATE-ZIP: PENSACOLA FL 32505

TITLE: VSD ☐ Delete
NAME: VARAZO, NICK C
STREET ADDRESS: 311 OLD CORNY FIELD RD
CITY-STATE-ZIP: PENSACOLA FL 32506

TITLE: DRA ☐ Delete
NAME: MELEI, STEVEN
STREET ADDRESS: 3603 MOBILE HWY
CITY-STATE-ZIP: PENSACOLA FL 32505

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME: **U00000638043**
STREET ADDRESS: **02/27/07-80046-023 61.25**
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
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NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Joseph E Melei **JOSEPH E MELEI**

FEB 13 2007 950 4321711