

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2008 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 (10/07)

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

MELEI, STEVEN E
3603 MOBILE HWY
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

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

[Signature]

(NOTE: Registered Agent signature must be filed with this statement)

DATE

1-28-08

FILE NOW: FEE IS \$61.25
Due By: May 1, 2008

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
STREET ADDRESS
CITY-STATE-ZIP
U000000804817
02/05/08-80084-002 61.25

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

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TITLE ☐ Change ☐ Addition
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:

[Signature]

STEVEN E MELEI

1-28-08 8504321711