

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000002407

**Entity Name:** NATIONAL ASSOCIATION OF VETERANS & FAMILIES, INC

**Current Principal Place of Business:**

1300 COOKS LANE  
GREEN COVE SPRINGS, FL 32043

**Current Mailing Address:**

1300 COOKS LANE  
GREEN COVE SPRINGS, FL 32043

**FEI Number: 26-2016374**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

SOLSONA, JOE F  
1300 COOKS LANE  
GREEN COVE SPRINGS, FL 32043 US

*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

**Officer/Director Detail :**

Title D  
Name SOLSONA, JOE F  
Address 1300 COOKS LANE  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title D  
Name ANDERSON, DAN  
Address 3392 KINGS ROAD S  
City-State-Zip: ST. AUGUSTINE FL 32086-5077

Title D  
Name KAUFFMAN, CHRIS  
Address 9312 CYPRESS SHORES LN  
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR  
Name PYLE, LOYD  
Address 2379 LAKESHORE DR. N  
City-State-Zip: FLEMING ISLAND FL 32003

Title DIRECTOR  
Name FRITZ, LEONARD (LEN)  
Address 10055 HEATHER LAKE CT W  
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR  
Name BEAN, DANIEL K  
Address 309 ST. JOHNS GOLF DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32092

*I hereby 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 all other like empowered.*

**SIGNATURE: JOE SOLSONA**

**EXECUTIVE DIRECTOR**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date