

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

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

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

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

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