

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002407

Entity Name: NATIONAL ASSOCIATION OF SENIOR VETERANS, INC.**Current Principal Place of Business:**5000-18 HWY. 17 #231
ORANGE PARK, FL 32003**Current Mailing Address:**5000-18 HWY. 17 #231
ORANGE PARK, FL 32003**FEI Number:** 26-2016374**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SOLSONA, JOE F
1845 TOWN CENTER
110
FLEMING ISLAND, FL 32003 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	3065 ANDERSON RD.
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	D
Name	CANORA, ROCCO
Address	2326 AZALEA FIELDS CT.
City-State-Zip:	ORANGE PARK FL 32003

Title	D
Name	LEDBETTER, LEE R
Address	2331 BIRDWOOD DRIVE
City-State-Zip:	ORANGE PARK FL 32078

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

Title	D
Name	KAUFFMAN, CHRIS
Address	2831 TALLEYRAND AVE.
City-State-Zip:	JACKSONVILLE FL 32206

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 F. SOLSONA/**DIRECTOR****01/25/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date