

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002680

Entity Name: VETS 4 VETS OF ST. AUGUSTINE, INC.**Current Principal Place of Business:**271 HERMOSA COURT
ST. AUGUSTINE, FL 32086-7309**Current Mailing Address:**PO BOX 144
ST. AUGUSTINE, FL 32085-0144 US**FEI Number:** 26-2113033**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**VETS 4 VETS OF ST. AUGUSTINE, INC
271 HERMOSA COURT
ST. AUGUSTINE, FL 32086-0144 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:** A. J. SARTIN

01/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name MCCREA, GEORGE
Address 271 HERMOSA COURT
City-State-Zip: ST. AUGUSTINE FL 32086

Title VPD
Name MOSHER, WALTER
Address 462 CASUARINA CIRCLE
City-State-Zip: ST. AUGUSTINE FL 32086

Title TREASURER
Name SARTIN, A. J.
Address 403 17TH ST
City-State-Zip: ST. AUGUSTINE FL 32084

Title SECRETARY
Name WILLIAMS, CHERYL
Address 278 HERMOSA COURT
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name DINKINS, BOB
Address 932 COLONIAL DR.
City-State-Zip: ST. AUGUSTINE FL 32086

Title ASSISTANT
Name MCCREA, PAULLA
Address 271 HERMOSA COURT
City-State-Zip: ST. AUGUSTINE FL 32086-7309

Title DIRECTOR
Name MCGINTY, JOHN
Address PO BOX 144
City-State-Zip: ST. AUGUSTINE FL 32085-0144

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: CHERYL L. WILLIAMS

BOOKKEEPER

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date