

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004568

**Entity Name:** FLORIDA VETERANS PROGRAMS & PROJECTS, INC.**Current Principal Place of Business:**4905 LOS ALTOS CIRCLE  
ELKTON, FL 32033**Current Mailing Address:**4905 LOS ALTOS CIRCLE  
ELKTON, FL 32033 US**FEI Number:** 36-4632252**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROTHFELD, MICHAEL  
4905 LOS ALTOS CIRCLE  
ELKTON, FL 32033 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	P/ T
Name	ROTHFELD, MICHAEL
Address	4905 LOS ALTOS CIRCLE
City-State-Zip:	ELKTON FL 32033

Title	VP
Name	MANFORD, HARRY
Address	5221 BASCO COURT
City-State-Zip:	ELKTON FL 32033

Title	D
Name	KIDWELL, EARL
Address	5317 MARBELLA PLACE
City-State-Zip:	ELKTON FL 32033

Title	D
Name	VANAIRSDALE, JAMES
Address	62 WILLOW DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DIRECTOR
Name	LYNIUK, RENIE
Address	4536 COQUINA CROSSING DRIVE
City-State-Zip:	ELKTON FL 32033

Title	DIRECTOR
Name	QUINN, RAY
Address	1097 NORTH WINTERHAWK DRIVE
City-State-Zip:	ST AUGUSTINE FL 32086

Title	DIRECTOR
Name	ALLAN, TERRY
Address	505 ST. CROIX STREET
City-State-Zip:	ST . AUGUSTINE FL 32095

Title	DIRECTOR
Name	ISAM, MICHAEL
Address	620 QUEEN ROAD
City-State-Zip:	ST. AUGUSTINE FL 32086

**Continues on page 2**

*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: MICHAEL ROTHFELD****PRESIDENT****01/10/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title                   DIRECTOR  
Name                 ERNISSEE, JACK  
Address             108 FALLEN TIMBER WAY  
City-State-Zip:    ST. AUGUSTINE FL 32084

Title                   DIRECTOR  
Name                 MCDERMOTT, JOSEPH  
Address             3135 MICHELLE CT.  
City-State-Zip:    GREEN COVE SPRINGS FL 32043