

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005877

Entity Name: V N V / LV - CHAPTER "M" INC.**Current Principal Place of Business:**29 KRISTIN LANE
CRAWFORDVILLE, FL 32327**Current Mailing Address:**29 KRISTIN LANE
CRAWFORDVILLE, FL 32327 US**FEI Number:** 30-0510453**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BOYDE, JOSEPH RJR.
1407 PIEDMONT DR E
TALLAHASSEE, FL 32308 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	PRES
Name	JAWORSKI, ED
Address	18 KELLY ANN ST.
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	V. P
Name	CIPRIANO, MIKE
Address	12 ANCHORS WAY
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	SECT
Name	MITCHELL, WAYNE
Address	29 KRISTIN LANE
City-State-Zip:	CRAWFORDVILLE FL 32327

Title	TRES
Name	MITCHELL, WAYNE
Address	29 KRISTIN LANE
City-State-Zip:	CRAWFORDVILLE FL 32327

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: WAYNE MITCHELL

SECT/TRES

04/14/2014

Electronic Signature of Signing Officer/Director Detail_____
Date