Entity Name: THE VETERANS COUNCIL OF ST. JOHNS COUNTY, INC.			1.	y of State 4903CC
Current Prin 1072 ALCALA I ST. AUGUSTIN			040004	490366
Current Mai	iling Address:			
P.O. BOX 2 ST. AUGUS	117 TINE, FL 32085 US			
FEI Number: 27-1971825 Certificate of Status			Certificate of Status Des	sired: No
Name and Address of Current Registered Agent:				
DUDLEY, WILL	IAM E			
1072 ALCALA I	DRIVE IE, FL 32086 US			
1072 ALCALA I ST. AUGUSTIN		stered office or regis	stered agent, or both, in the State of F	lorida.
1072 ALCALA I ST. AUGUSTIN The above name	IE, FL 32086 US	stered office or regis	stered agent, or both, in the State of F	ilorida. 04/14/2020
1072 ALCALA I ST. AUGUSTIN The above name	IE, FL 32086 US d entity submits this statement for the purpose of changing its regis	stered office or regis	stered agent, or both, in the State of F	
1072 ALCALA I ST. AUGUSTIN The above name	E, FL 32086 US d entity submits this statement for the purpose of changing its regis E: WILLIAM E DUDLEY Electronic Signature of Registered Agent	stered office or regis	stered agent, or both, in the State of F	04/14/2020
1072 ALCALA I ST. AUGUSTIN The above name SIGNATURE	E, FL 32086 US d entity submits this statement for the purpose of changing its regis E: WILLIAM E DUDLEY Electronic Signature of Registered Agent	stered office or regis	tered agent, or both, in the State of F	04/14/2020
1072 ALCALA I ST. AUGUSTIN The above named SIGNATURE Officer/Dire	<ul> <li>E, FL 32086 US</li> <li>d entity submits this statement for the purpose of changing its regis</li> <li><u>WILLIAM E DUDLEY</u></li> <li>Electronic Signature of Registered Agent</li> <li>ctor Detail :</li> </ul>			04/14/2020
1072 ALCALA I ST. AUGUSTIN The above named SIGNATURE Officer/Dire Title	<ul> <li>E, FL 32086 US</li> <li>d entity submits this statement for the purpose of changing its regis</li> <li>WILLIAM E DUDLEY</li> <li>Electronic Signature of Registered Agent</li> <li>C</li> </ul>	Title	VC	04/14/2020
1072 ALCALA I ST. AUGUSTIN The above named SIGNATURE Officer/Dire Title Name Address	<ul> <li>E, FL 32086 US</li> <li>d entity submits this statement for the purpose of changing its regis</li> <li>E: WILLIAM E DUDLEY <ul> <li>Electronic Signature of Registered Agent</li> </ul> </li> <li>Ctor Detail : <ul> <li>C</li> <li>DUDLEY, WILLIAM E</li> </ul> </li> </ul>	Title Name	VC QUINN, RAY A PO BOX 2117	04/14/2020
1072 ALCALA I ST. AUGUSTIN The above named SIGNATURE Officer/Dire Title Name Address	<ul> <li>E, FL 32086 US</li> <li>d entity submits this statement for the purpose of changing its regis</li> <li>E: WILLIAM E DUDLEY</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>C</li> <li>DUDLEY, WILLIAM E</li> <li>PO BOX 2117</li> </ul>	Title Name Address	VC QUINN, RAY A PO BOX 2117	04/14/2020
1072 ALCALA I ST. AUGUSTIN The above named SIGNATURE Officer/Dire Title Name Address City-State-Zip:	<ul> <li>E, FL 32086 US</li> <li>d entity submits this statement for the purpose of changing its regis</li> <li>E: WILLIAM E DUDLEY</li> <li>Electronic Signature of Registered Agent</li> <li>Ctor Detail :</li> <li>C</li> <li>DUDLEY, WILLIAM E</li> <li>PO BOX 2117</li> <li>ST. AUGUSTINE FL 32085</li> </ul>	Title Name Address City-State-Zip:	VC QUINN, RAY A PO BOX 2117 ST. AUGUSTINE FL 32085	04/14/2020

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: JOHN MOUNTCASTLE

City-State-Zip: ST AUGUSTINE FL 32085

Electronic Signature of Signing Officer/Director Detail

TREASURER

City-State-Zip: ST AUGUSTINE FL 32085

04/14/2020

Date

## 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900002607

FILED Apr 14, 2020 of State