

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000008615

**Entity Name:** FLORIDA ASSOCIATION OF VETERANS EDUCATION SPECIALISTS, INC.**Current Principal Place of Business:**3939 NW 63RD STREET  
GAINESVILLE, FL 32606**Current Mailing Address:**3939 NW 63RD STREET  
GAINESVILLE, FL 32606 US**FEI Number: 27-4815822****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HILL, LELAND  
3939 NW 63RD STREET  
GAINESVILLE, FL 32606 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:** LELAND HILL**02/08/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	TREASURER
Name	LELAND, HILL
Address	3939 NW 63RD STREET
City-State-Zip:	GAINESVILLE FL 32606

Title	PRESIDENT
Name	RESTREPO, LUIS
Address	11252 SW 236 ST.
City-State-Zip:	HOMESTEAD FL 33032

Title	VP
Name	GOSS, LISA
Address	2700 NORTH TAMIAMI TRAIL
City-State-Zip:	SARASOTA FL 34234

Title	PAST PRESIDENT
Name	EAST , TROY
Address	MILITARY AFFAIRS 3300 UNIVERSITY BLVD
City-State-Zip:	WINTER PARK FL 32792

Title	SECRETARY
Name	MELISSA, LUDLAM
Address	PO BOX 3062431
City-State-Zip:	TALLAHASSEE FL 32306

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:** LELAND HILL**TREASURER****02/08/2023**

Electronic Signature of Signing Officer/Director Detail

Date