

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008967

Entity Name: FIVE S.T.A.R. VETERANS CENTER, INC.

Current Principal Place of Business:

40 ACME STREET
JACKSONVILLE, FL 32211

Current Mailing Address:

40 ACME STREET
JACKSONVILLE, FL 32211 US

FEI Number: 45-3545974

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ATTER, HELEN S
40 ACME STREET
JACKSONVILLE, FL 32211 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: HELEN S. ATTER

01/04/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GRAVES, CINDY
Address 7272 SAN LUCAS RD
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name MAYNARD, KEITH
Address 333-1 EAST MONROE ST.
City-State-Zip: JACKSONVILLE FL 32202

Title PRESIDENT
Name ATTER, MICHAEL
Address 100 N LAURA ST
STE 702
City-State-Zip: JACKSONVILLE FL 32202

Title CEO
Name LOVING, FRANCIS L COL.
Address 4619 HARBOUR NORTH COURT
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name HOOVER, LUCY ESQ.
Address 10901 BURNT MILL RD
#2302
City-State-Zip: JACKSONVILLE FL 32256

Title VP
Name HIGHTOWER, MICHAEL R
Address 2662 BEAUCLEC RD
City-State-Zip: JACKSONVILLE FL 32257

Title DIRECTOR
Name WEBB, JACK
Address 34 CORDOVA ST
City-State-Zip: ST. AUGUSTINE FL 32084

Title TREASURER
Name BEAN, DANIEL
Address ABEL BEAN LAW P.A.
50 NORTH LAURA STREET, SUITE
SUITE 2500
City-State-Zip: JACKSONVILLE FL 32225

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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: FRANCIS L LOVING

CEO

01/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KISZ, ESQ, ANDREW
Address 10636 MULRANEY GLEN CT
City-State-Zip: JACKSONVILLE FL 32256

Title DIRECTOR
Name ABRAMOWITZ, DAVID
Address 3710 CROSSVIEW DRIVE
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name DENO HICKS
Address 1353 HIGHVIEW DRIVE
City-State-Zip: JACKSONVILLE FL 32225

Title DIRECTOR
Name PASS, PERET
Address 9700 PHILIPS HWY
SUITE 104
City-State-Zip: JACKSONVILLE FL 32256

Title SECRETARY
Name BEARD, GARY
Address 12578 HIGHVIEW DRIVE
City-State-Zip: JACKSONVILLE FL 32225