

2015 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: No

Name and Address of Current Registered Agent:

ATTER, HELEN S
814 A1A NORTH
SUITE 202
PONTE VEDRA BEACH, FL 32082 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

01/28/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name JENNISON, PETER
Address 120 OCEANS EDGE DR.
City-State-Zip: PONTE VEDRA BEACH FL 32082

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

Title DIRECTOR
Name CARSTETTER, DAVID ESQ.
Address 2257 RIVERSIE AVE.
City-State-Zip: JACKSONVILLE FL 32206

Title DIRECTOR
Name ATTER, MICHAEL
Address 333-1 E. MONROE STREET
City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR
Name SCRUGGS, C. BARRETT
Address 4457 ELLIPSE DR
City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR
Name WARFLE, DAYTON
Address 40 ACME STREET
City-State-Zip: JACKSONVILLE FL 32211

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 3780 CREEK HOLLOW LANE
City-State-Zip: MIDDLEBURG FL 32068

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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

01/28/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HIGHTOWER, MICHAEL R
Address 1850 SEMINOLE ROAD
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name WHITE, WES ESQ.
Address 40 ACME STREET
City-State-Zip: JACKSONVILLE FL 32211