

**2020 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

01/20/2020

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 SECRETARY  
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

01/20/2020

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

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