

**2014 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

02/25/2014

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  
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

*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

02/25/2014

Electronic Signature of Signing Officer/Director Detail

Date