

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002884

**Entity Name:** VETERANS COUNSELING VETERANS INCORPORATED**Current Principal Place of Business:**3810 WEST KENNEDY BLVD  
TAMPA, FL 33609**Current Mailing Address:**P.O. BOX 780025  
ORLANDO, FL 32878 US**FEI Number:** 46-4123917**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WILLIAMS, ELLSWORTH JR.  
1045 WINDMILL GROVE CIRCLE  
ORLANDO, FL 32828 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DP
Name	WILLIAMS, ELLSWORTH JR.
Address	1045 WINDMILL GROVE CIRCLE
City-State-Zip:	ORLANDO FL 32828

Title	DIRECTOR
Name	STEVEN FOSTER
Address	3810 WEST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33609

Title	BOARD OF DIRECTORS
Name	GARCIA, CARLOS PHD
Address	3810 WEST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33609

Title	BOARD OF DIRECTOR
Name	RASOR-CORDERO, CAROL PHD
Address	3810 WEST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33609

Title	BOARD OF DIRECTORS
Name	DAWSON, GREG PHD
Address	3810 WEST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	CRUISE, TOM
Address	3810 WEST KENNEDY BLVD
City-State-Zip:	TAMPA FL 33609

*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:** ELLSWORTH WILLIAMS**PRESIDENT****03/30/2019**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date