

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002884

**FILED
Mar 30, 2019
Secretary of State
8016465655CC**

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