

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000009501

Entity Name: SENIOR VETERANS FORGOTTEN, INC.**Current Principal Place of Business:**2653 COBBLESTONE FORREST CIRCLE EAST
JACKSONVILLE, FL 32225**Current Mailing Address:**2653 COBBLESTONE FORREST CIRCLE EAST
JACKSONVILLE, FL 32225 US**FEI Number:** 47-1953883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EHRENBERG, BARBARA
2653 COBBLESTONE FORREST CIRCLE EAST
JACKSONVILLE, FL 32225 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	P
Name	EHRENBERG, DORIS DR
Address	2653 COBBLESTONE FORREST CIRCLE EAST
City-State-Zip:	JACKSONVILLE FL 32225

Title	V
Name	GOODWIN, JIM
Address	2653 COBBLESTONE FORREST CIRCLE EAST
City-State-Zip:	JACKSONVILLE FL 32225

Title	T
Name	EHRENBERG, BARBARA DR
Address	2653 COBBLESTONE FORREST CIRCLE EAST
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	MCGRIFF, CHARLES
Address	2653 COBBLESTONE FORREST CIRCLE EAST
City-State-Zip:	JACKSONVILLE FL 32225

Title	D
Name	MCGRIFF, CURTIS L
Address	2653 COBBLESTONE FORREST CIRCLE EAST
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: DR. BARBARA EHRENBERG**TREASURER****04/10/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date