

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000009622

**Entity Name:** U.S. MILITARY VETERANS VILLAGE FOUNDATION, INC

**Current Principal Place of Business:**

2755 S FEDERAL HWY #13  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

2066 NW 52TH ST  
BOCA RATON, FL 33496 US

**FEI Number:** 83-1845030

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SUSSER, GARY E ESQ  
2755 S FEDERAL HWY #13  
BOYNTON BEACH, FL 33435 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 NASH, GARY D  
Address 2066 NW 52TH ST  
City-State-Zip: BOCA RATON FL 33496

Title D, TREASURER, VP  
Name CRAWFORD, JAMES  
Address 1501 SE 15TH G #102  
City-State-Zip: DEERFIELD BEACH FL 33441

Title D  
Name JAMES, STEVEN  
Address 700 VIA LUGANO CIR #104  
City-State-Zip: BOYNTON BEACH FL 33436

Title D  
Name SUSSER, GARY E  
Address 2755 S FEDERAL HWY #13  
City-State-Zip: BOYNTON BEACH FL 33435

Title SECRETARY, DIRECTOR  
Name PESSIN, FERN  
Address 899 JEFFERY ST., APT 309  
City-State-Zip: BOCA RATON FL 33487

Title DIRECTOR  
Name DILLIARD, SCOTT  
Address 443 TRESTLE WAY  
City-State-Zip: CONWAY SC 29526

*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:** GARY D. NASH

**PRESIDENT**

**02/11/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date