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: KURT SCHMIDT

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# N2000000467

REPORT

Entity Name: TRILOGY ORLANDO VETERANS ASSOCIATION, INC.

Current Principal Place of Business:

100 FALLING ACORN AVENUE GROVELAND, FL 34736

Current Mailing Address:

100 FALLING ACORN AVENUE GROVELAND, FL 34736 US

FEI Number: 35-2490850

Name and Address of Current Registered Agent:

SCHMIDT, KURT W 620 CONSERVATION BLVD GROVELAND, FL 34736 US FILED Sep 22, 2022 Secretary of State 8259417129CC

Certificate of Status Desired: No

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	E KURT W SCHMIDT			09/22/2022
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	CBR	Title	SEC	
Name	JACKSON, RUSSELL	Name	LOPEZ, KAREN	
Address	916 TIDAL POND	Address	166 CREPE MYRTLE DR	
City-State-Zip:	GROVELAND FL 34736	City-State-Zip:	GROVELAND FL 34736	
Title		Title	DIR	
nue	TREA	The	DIR	
Name	SCHMIDT, KURT W	Name	NOWAK, JIM	
Address	620 CONSERVATION BLVD	Address	550 NARROW VIEW LN	
City-State-Zip:	GROVELAND FL 34736	City-State-Zip:	GROVELAND FL 34736	

09/22/2022 Date

TREASURER