

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000011104

Entity Name: VETERANS RECOVERY PROJECT, INC.

Current Principal Place of Business:

5785 NW WESLEY ROAD
PORT ST LUCIE, FL 34986

Current Mailing Address:

5785 NW WESLEY ROAD
PORT ST LUCIE, FL 34986 UN

FEI Number: 85-3372088

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRIED, LYLE
5785 NW WESLEY ROAD
PORT ST LUCIE, FL 34986 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 VP
Name FRIED, LYLE R
Address 5785 NW WESLEY ROAD
City-State-Zip: PORT ST LUCIE FL 34986

Title P
Name GROSE, RYAN
Address 5785 NW WESLEY ROAD
City-State-Zip: PORT ST LUCIE 34986

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: LYLE R FRIED

VP

01/27/2021

Electronic Signature of Signing Officer/Director Detail

Date