

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000001028

**Entity Name:** VETERANS COMMUNITY HOUSING INC

**Current Principal Place of Business:**

2260 5TH AVE SOUTH  
SUITE 12  
ST PETERSBURG,, FL 33712

**Current Mailing Address:**

4619 REISSWOOD LOOP  
PALMETTO, FL 34221 US

**FEI Number:** 86-1955123

**Certificate of Status Desired:** No

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

BARBER, DWIGHT W  
4619 REISSWOOD LOOP  
PALMETTO, FL 34221 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 BARBER, DWIGHT W  
Address 2260 5TH AVE SO., SUITE 12  
City-State-Zip: ST PETERSBURG FL 33712

Title V  
Name SMILEY, EUGENE  
Address 2260 5TH AVE SO., SUITE 12  
City-State-Zip: ST PETERSBURG FL 33712

Title T  
Name BROWN, CAROLYN  
Address 2260 5TH AVE SO., SUITE 12  
City-State-Zip: ST PETERSBURG FL 33712

Title S  
Name STROWBRIDGE, LADONNA  
Address 2260 5TH AVE SO., SUITE 12  
City-State-Zip: ST PETERSBURG FL 33712

*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:** BARBER,DWIGHT W

P

03/05/2022

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

\_\_\_\_\_  
Date