

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000005014

**Entity Name:** PATHFINDERS VETERANS AID, INC.

**Current Principal Place of Business:**

3140 N. CANAL DRIVE  
PALM HARBOR, FL 34684

**Current Mailing Address:**

1992 LEWIS TURNER BLVD.  
SUITE 1067, UNIT 1011  
FORT WALTON BEACH, FL 32547 US

**FEI Number:** 92-3719794

**Certificate of Status Desired:** No

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

SIMMONDS, WILLIAM W  
3140 N. CANAL DRIVE  
PALM HARBOR, FL 34684 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            DIR  
Name            KIRTS, ASHLEY  
Address        1992 LEWIS TURNER BLVD., SUITE  
                  1067, #1011  
City-State-Zip: FORT WALTON BEACH FL 32547

Title            DIR  
Name            WAGNER, JEFF  
Address        1992 LEWIS TURNER BLVD., SUITE  
                  1067, #1011  
City-State-Zip: FORT WALTON BEACH FL 32547

Title            DIR  
Name            SIMMONDS, WILLIAM  
Address        1992 LEWIS TURNER BLVD.SUITE  
                  1067, #1011  
City-State-Zip: FORT WALTON BEACH FL 32547

*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:** SIMMONDS, WILLIAM

**BOARD OF DIRECTOR**

**02/07/2024**

Electronic Signature of Signing Officer/Director Detail

Date