

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23000015117

Entity Name: VET RESOURCE CENTER, INC.**Current Principal Place of Business:**9121 SW 83RD LN
OCALA, FL 34481**Current Mailing Address:**9121 SW 83RD LN
OCALA, FL 34481 US**FEI Number:** 93-4978761**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**PETTY, STEPHEN
9121 SW 83RD LN
OCALA, FL 34481 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 PRESIDENT, DIRECTOR
Name PETTY, STEPHEN
Address 9121 SW 83RD LN
City-State-Zip: Ocala FL 34481

Title DIRECTOR
Name DUNLEVY, GRACE
Address 10380 SW 96TH LOOP
City-State-Zip: Ocala FL 34481

Title CEO, CHAIRMAN
Name LEVENSON, ROBERT
Address 10280 SW 96TH LOOP
City-State-Zip: Ocala FL 34481

Title SECRETARY, DIRECTOR
Name LEWIS, JOAN
Address 9121 SW 83RD LN
City-State-Zip: Ocala FL 34481

Title CHIEF INFORMATION OFFICER,
DIRECTOR, TREASURER
Name BELKNAP, TODD
Address 3150 NE 36TH AVE.
LOT 110
City-State-Zip: Ocala FL 34479

Title DIRECTOR
Name DODGE, CHARLES
Address 9156 SW 87TH PLACE
City-State-Zip: Ocala FL 34481

Title DIRECTOR
Name FIX, WILLIAM
Address 7985 SW 85TH LOOP
City-State-Zip: Ocala FL 34476

Title DIRECTOR
Name VANCE, DEXTER
Address 7521 SW 86TH CT
City-State-Zip: Ocala FL 34481

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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: STEPHEN PETTY**PRESIDENT****03/07/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name POULIN, DON
Address 7897 SW 87TH LOOP
City-State-Zip: OCALA FL 34476

Title DIRECTOR
Name CALHOUN, CHARLES
Address 9735 SW 92ND CT B
City-State-Zip: OCALA FL 34481

Title DIRECTOR
Name KENNEDY, DONALD
Address 2306 SW 20TH CT
City-State-Zip: OCALA FL 34471