

**2017 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F13000005452

**Entity Name:** SOLUTIONS FOR VETERANS, INC.

**Current Principal Place of Business:**

191 EDGEWOOD AVENUE  
ATLANTA, GA 30303

**Current Mailing Address:**

191 EDGEWOOD AVENUE  
ATLANTA, GA 30303

**FEI Number:** 58-2447022

**Certificate of Status Desired:** No

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

BENEFICIAL COMMUNITIES, LLC  
3550 S TAMiami TRL  
STE 301  
SARASOTA, FL 34239 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 PD  
Name TAYLOR, CRAIG  
Address 191 EDGEWOOD AVENUE  
City-State-Zip: ATLANTA GA 30303

Title ST  
Name TAYLOR, CRAIG  
Address 191 EDGEWOOD AVENUE  
City-State-Zip: ATLANTA GA 30303

Title D  
Name NOLAN, JEFFREY C  
Address 215 DINK SCOTT CT  
City-State-Zip: ELLENWOOD GA 30294

Title D  
Name NOLLER, GARY  
Address PO BOX 294314  
City-State-Zip: KERRVILLE TX

Title D  
Name PAXTON, DON  
Address 2206 JO-AN DRIVE  
City-State-Zip: SARASOTA FL 34231

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:** CRAIG TAYLOR

**DIRECTOR**

**02/13/2017**

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

\_\_\_\_\_  
Date