

2014 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
2206 JO AN DRIVE
SARASOTA, FL 34231 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	CAIRA, JUDITH
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

Title	D
Name	STANGE, PAUL V
Address	PO BOX 8380
City-State-Zip:	ATLANTA GA 31106

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: JUDITH CAIRA**EXECUTIVE DIRECTOR****03/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date