


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 12, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90099 047 \*\*\*\*70.00

**DOCUMENT # F0500006670**

1. Entity Name  
**THE VETERANS SUPPORT ORGANIZATION, INC.**



40014878



Principal Place of Business  
 119 SOUTH PALMETTO AVE., STE. 162  
 DAYTONA EXECUTIVE OFFICES  
 DAYTONA BEACH, FL 32114

Mailing Address  
 119 SOUTH PALMETTO AVE., STE. 162  
 DAYTONA EXECUTIVE OFFICES  
 DAYTONA BEACH, FL 32114

2. Principal Place of Business - No P.O. Box #  
 2787 EAST OAKLAND

3. Mailing Address

Suite, Apt. #, etc.  
 PARK BLVD SUITE 307

Suite, Apt. #, etc.

City & State  
 FORT LAUDERDALE, FL

City & State

Zip  
 33306

Country  
 U.S.

Zip

Country

01262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 05-0516084

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KISBERT, BRYANT  
 18 PINTO LANE  
 PALM COAST, FL 32164

7. Name and Address of New Registered Agent

Name  
 RICHARD VAN HOUTEN

Street Address (P.O. Box Number is Not Acceptable)  
 6651 NORTH WEST 22ND ST

City  
 MARGATE

FL Zip Code  
 33063

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE RICHARD VAN HOUTEN  1/31/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISBERT, BRYANT 18 PINTO LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISBERT, SHERI 18 PINTO LANE PALM COAST, FL 32164 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DICKMAN, WALTER 331 CENTERVILLE ROAD WARWICK, RI 02888 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN HOUTEN, RICHARD 2787 EAST OAKLAND FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAKOWILL, JOHN 125 WATERMAN AVE WARWICK, RI 02889 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KISBERT, BRYANT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5 CHEYENNE COURT PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VAN HOUTEN, RICHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6651 NORTH WEST 22ND ST. MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NAKOWILL, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 125 WATERMAN AVE WARWICK, RI 02889
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN NAKOWILL  2/6/07 401-780-9530

Signature and typed or printed name of signing officer or director Date Daytime Phone #