NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 OCT 21 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00000000491

1. Entity Name
VETERANS RESIDENTIAL Community Of FLORIDA, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
76 South Laura St	P.O. Box 551065
Suite, Apt. #, etc.: 2102	Suite, Apt. #, etc.:
City & State: JACKSONVILLE	City & State: Jacksonville, FL
Zip: 32202 Country: DUVAL	Zip: 32255-1065 Country: DUVAL

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3634790 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: GROW, BETTY

Street Address (P.O. Box Number is Not Acceptable): 1898 BRECKENRIDGE BLVD

City: MIDDLEBURG FL Zip Code: 32068

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.

SIGNATURE: Betty N. Grow 10-14-2002

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	GROW, BETTY	NAME	
STREET ADDRESS	1898 BRECKENRIDGE Blvd	STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG, FL 32068	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	PAINTER, DEWEY	NAME	
STREET ADDRESS	P.O. BOX 551085	STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32255-1065	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CARTER, William	NAME	
STREET ADDRESS	76 South LAURA St #2102	STREET ADDRESS	**DO NOT WRITE**
CITY-ST-ZIP	JACKSONVILLE, FL 32202	CITY-ST-ZIP	
TITLE		TITLE	
NAME	Delete the following	NAME	**IN THIS SPACE**
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	WILLIAMS, CARLOTTA	NAME	
STREET ADDRESS	1756 ST. Johns Bluff North	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32225	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Betty N. Grow 10-14-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JA 10/23/02