2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N00000003050

1. *Entity Name*
VETERANS AND FAMILIES SERVICES, INC.

Principal Place of Business	Mailing Address
217 SOUTHEAST 29TH AVENUE OCALA, FL 34471	217 SOUTHEAST 29TH AVENUE OCALA, FL 34471

DO NOT WRITE IN THIS SPACE

02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3644931
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WHITTIER, HENRY L
217 SE 29TH AVENUE
OCALA, FL 34471

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

Filing Fee is $61.25
Due by May 1, 2006

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

000001454344
03/15/06-00012-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WHITTIER, HENRY L
STREET ADDRESS	217 SOUTHEAST 29TH AVENUE
CITY-ST-ZIP	OCALA, FL 34471
TITLE	SD
NAME	ALFANO, JOSEPH
STREET ADDRESS	3809 SE 3RD ST
CITY-ST-ZIP	OCALA, FL 34471
TITLE	TD
NAME	BRUNO, DANIEL JR
STREET ADDRESS	23495 BCH BLVD
CITY-ST-ZIP	DUNNELLON, FL 34431
TITLE	D
NAME	FOWLER, ROBERT H
STREET ADDRESS	5203 NW 61ST LN
CITY-ST-ZIP	OCALA, FL 34482
TITLE	D
NAME	MCENERY, JAMES
STREET ADDRESS	10427 SW 61ST TERRACE RD
CITY-ST-ZIP	OCALA, FL 344819630
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 3-1-06 352-694-6427
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #