

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 08:00 A
Secretary of State

DOCUMENT # N00000003050	
1. Entity Name VETERANS AND FAMILIES SERVICES, INC.	

Principal Place of Business 217 SOUTHEAST 29TH AVENUE OCALA, FL 34471	Mailing Address 217 SOUTHEAST 29TH AVENUE OCALA, FL 34471
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DO NOT WRITE IN THIS SPACE



04162007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3644931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ Signature, typed or printed name of registered agent and the 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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WHITTIER, HENRY L 217 SOUTHEAST 29TH AVENUE OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD ALFANO, JOSEPH 3809 SE 3RD ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BRUNO, DANIEL JR 23495 BCH BLVD DUNNELLON, FL 34431
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FOWLER, ROBERT H 5203 NW 61ST LN OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCENERY, JAMES 10427 SW 81ST TERRACE RD OCALA, FL 344819630
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/01/07-80015-002 61.25

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:  **HENRY L. WHITTIER** 4-16-07 (352) 401-9788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #