2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N00000003050

Entity Name: VETERANS AND FAMILIES SERVICES, INC.

Current Principal Place of Business:

217 SOUTHEAST 29TH AVENUE
OCALA, FL 34471

New Principal Place of Business:

217 SOUTHEAST 29TH AVENUE
OCALA, FL 34471 US

Current Mailing Address:

217 SOUTHEAST 29TH AVENUE
OCALA, FL 34471

New Mailing Address:

217 SOUTHEAST 29TH AVENUE
OCALA, FL 34471 US

FEI Number: 59-3644931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WHITTIER, HENRY L
Address: 217 SOUTHEAST 29TH AVENUE
City-St-Zip: OCALA, FL 34471

Title: SD ( ) Delete
Name: ALFANO, JOSEPH
Address: 3809 SE 3RD ST
City-St-Zip: OCALA, FL 34471

Title: TD ( ) Delete
Name: BRUNO, DANIEL JR
Address: 23495 BCH BLVD
City-St-Zip: DUNNELLON, FL 34431

Title: D ( ) Delete
Name: FOWLER, ROBERT H
Address: 5203 NW 61ST LN
City-St-Zip: OCALA, FL 34482

Title: D ( ) Delete
Name: MCENERY, JAMES
Address: 10427 SW 81ST TERRACE RD
City-St-Zip: OCALA, FL 344819630

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRY L. WHITTIER PD 03/28/2009

Electronic Signature of Signing Officer or Director — Date