

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000009267

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA VETERANS ASSISTANCE ASSOCIATION, INC.

**Current Principal Place of Business:**

8310 N THATCHER AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

8310 N THATCHER AVE  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 13-4230250

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARKMAN, JOEL  
212 LEXINGTON ST  
OLDSMAR, FL 346774330 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:** D  
**Name:** MARKMAN, JOEL  
**Address:** 212 LEXINGTON ST.  
**City-St-Zip:** OLDSMAR, FL 346774330

**Title:** D  
**Name:** PEEPLES, GREG  
**Address:** 6638 MARINA POINT VILLAGE COURT #303  
**City-St-Zip:** TAMPA, FL 33635

I hereby 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 all other like empowered.

**SIGNATURE:** JOEL MARKMAN

D

02/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date