

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90280 020 ****61.25

DOCUMENT # N04000006352

1. Entity Name
VETERANS ACTION PROGRAMS OF FLORIDA, INC.



Principal Place of Business
1920 E 151 AVENUE
LOT #1
LUTZ, FL 33549

Mailing Address
1920 E 151 AVENUE
LOT #1
LUTZ, FL 33549



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182005 Chg-NP CR2E037 (10/03)

4. FEI Number

20-1291428

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MATSCHKE, STEVEN F
1920 E 151 AVENUE
LOT #1
LUTZ, FL 33549

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MATSCHKE, STEVEN F**
CITY-ST-ZIP **1920 E 151 AVENUE LOT #1**
LUTZ, FL 33549

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **GLEASON, FRED III**
CITY-ST-ZIP **8806 ORANGE VIEW AVE N**
TEMPLE TERRACE, FL 33617

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **WEST, DALE**
CITY-ST-ZIP **111 CUYLER DRIVE**
SHAWNEE, OK 74804

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Steven F. Matschke* **STEVEN F. MATSCHKE** **04/22/05** **(813) 971-5827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #