

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008917

FILED  
May 02, 2005  
Secretary of State

**Entity Name:** VETERANS REINTEGRATION CENTER OF JACKSONVILLE INCORPORATED

**Current Principal Place of Business:**

1591 LANE AVENUE SOUTH #30W  
JACKSONVILLE, FL 32210

**New Principal Place of Business:**

**Current Mailing Address:**

1591 LANE AVENUE SOUTH #30W  
JACKSONVILLE, FL 32210

**New Mailing Address:**

**FEI Number:** 36-4561829      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WHITESIDE, RICHIE D  
1591 LANE AVENUE SOUTH #30W  
JACKSONVILLE, FL 32210 US

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: PCEO ( ) Delete  
Name: WHITESIDE, RICHIE D  
Address: 1591 LANE AVENUE SOUTH #30W  
City-St-Zip: JACKSONVILLE, FL 32210

Title: V ( ) Delete  
Name: WHITESIDE, ERICK P  
Address: 3004 SUMMER TRAIL DRIVE  
City-St-Zip: ATLANTA, GA 30350

Title: S ( ) Delete  
Name: CHANDLER, GWEN J DR.  
Address: 3658 LYDIA STREET  
City-St-Zip: JACKSONVILLE, FL 32210

Title: T ( ) Delete  
Name: WHITE, JOHN DR.  
Address: 5121 CATOMA #C191  
City-St-Zip: JACKSONVILLE, FL 32210

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RICHIE WHITESIDE

PCEO

05/02/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date