2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# N04000008917

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 ( )**

Name and Address of Current Registered Agent:

WHITESIDE, RICHIE D
1591 LANE AVENUE SOUTH #30W
JACKSONVILLE, FL 32210 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: 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 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: RICHIE WHITESIDE PCEO 04/30/2006

Electronic Signature of Signing Officer or Director — Date