

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000008917

FILED
Jan 27, 2009
Secretary of State

Entity Name: VETERANS REINTEGRATION CENTER OF JACKSONVILLE INCORPORATED

Current Principal Place of Business:

3641 KIRKPATRICK CIRCLE UNIT 2
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

3641 KIRKPATRICK CIRCLE UNIT 2
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
3641 KIRKPATRICK CIRCLE UNIT 2
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: 3641 KIRKPATRICK CIRCLE UNIT 2
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP () Delete
Name: WHITESIDE, ERICK P
Address: 2120 MOHICAN TRAIL
City-St-Zip: MAITLAND, FL 32751

Title: S () Delete
Name: JACKSON, ALBERTA DR.
Address: 7103 EDGE STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: T () Delete
Name: CHANDLER, GWEN L DR.
Address: 3658 LYDIA STREET
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 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

CEO

01/27/2009

Electronic Signature of Signing Officer or Director

Date