

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000008917

**FILED**  
**Feb 21, 2011**  
**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:**

1701 POWHATTAN STREET  
JACKSONVILLE, FL 32209

**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 (X)**

**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: COB  
Name: WHITESIDE, RICHIE D LT.RET  
Address: 3641 KIRKPATRICK CIRCLE UNIT 2  
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP  
Name: WHITESIDE, ERICK P MR.  
Address: 2120 MOHICAN TRAIL  
City-St-Zip: MAITLAND, FL 32751

Title: S  
Name: TRIFILETTI, JOHN DR.  
Address: 1104 SECRET OAKS  
City-St-Zip: PL.FRUIT COVE, FL 32259

Title: T  
Name: JAMES, MOORE MR  
Address: 3671 KIRKPATRICK UNIT4  
City-St-Zip: JACKSONVILLE, FL 32210

Title: OD  
Name: LAWRENCE, LAM MR.  
Address: 6104 SUDBURY AVE.  
City-St-Zip: JACKSONVILLE, FL 32210

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: RICHIE WHITESIDE

COB

02/21/2011

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

\_\_\_\_\_  
Date