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

DOCUMENT# N04000008917

Aug 14, 2011 Secretary of State

Entity Name: VETERANS REINTEGRATION CENTER OF JACKSONVILLE INCORPORATED

**Current Principal Place of Business: New Principal Place of Business:** 

1701 POWHATTAN STREET JACKSONVILLE, FL 32209

**Current Mailing Address: New Mailing Address:** 

3641 KIRKPATRICK CIRCLE UNIT 2 JACKSONVILLE, FL 32210

FEI Number: 36-4561829 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

WHITESIDE, RICHIE D 3641 KIRKPÁTRICK CIRCLE UNIT 2 JACKSONVILLE, FL 32210

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:**

WHITESIDE, RICHIE D LT.RET. Name: Address: 3641 KIRKPATRICK CIRCLE UNIT 2 JACKSONVILLE, FL 32210

City-St-Zip:

Title: ID

Name: HILL, SAM MR.

Address: 2547 RIBAULT SCENIC DR. City-St-Zip: JACKSONVILLE, FL 32208

Title:

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

Title:

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

Title: OD

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

Title:

KTAZ, MIKE MR. Name:

Address: 13735 SAXON LAKE DRIVE JACKSONVILLE, FL 32225 City-St-Zip:

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 08/14/2011