2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2012
Secretary of State

DOCUMENT# N04000008917

Entity Name: VETERANS REINTEGRATION CENTER OF JACKSONVILLE INCORPORATED

Current Principal Place of Business:

1701 POWHATTAN STREET
JACKSONVILLE, FL 32209

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

Title: ID
Name: HILL, SAM MR.
Address: 2547 RIBAULT SCENIC DR.
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: T
Name: KTAZ, MIKE MR.
Address: 13735 SAXON LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32225

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 CEO 08/29/2012

Electronic Signature of Signing Officer or Director — Date