

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011099

Entity Name: VRS SOCIAL SERVICES, INC.

FILED
Feb 01, 2007
Secretary of State

Current Principal Place of Business:

6184 RALEIGH STREET #109
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6184 RALEIGH STREET #109
ORLANDO, FL 32835

New Mailing Address:

P.O. BOX 616857
ORLANDO, FL 32861

FEI Number: 20-3756498

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, VALERIE R
6184 RALEIGH STREET #109
ORLANDO, FL 32835 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: D () Delete
Name: SMITH, VALERIE R
Address: 6184 RALEIGH STREET #109
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: SMITH, SR., ANDREW L
Address: 6184 RALEIGH STREET #109
City-St-Zip: ORLANDO, FL 32835

Title: VP () Delete
Name: ROZIER, DORIAN F
Address: 3981 N.W. 191ST STREET
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: RENDER, HAWANYA D
Address: 279 DANIEL'S POINTE DRIVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MCCLOUD, CELESTIA L
Address: 2513 CITRUS CLUB LANE
City-St-Zip: ORLANDO, FL 32839

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S () Change (X) Addition
Name: GIBSON, TWAQUANA M
Address: 5441 REGAL OAK CIRCLE
City-St-Zip: ORLANDO, FL 32810

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: VALERIE ROZIER SMITH

D

02/01/2007

Electronic Signature of Signing Officer or Director

Date