

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011099

Entity Name: VRS SOCIAL SERVICES, INC.

FILED
Apr 29, 2008
Secretary of State

Current Principal Place of Business:

6184 RALEIGH STREET #109
ORLANDO, FL 32835

New Principal Place of Business:

1999 WEST COLONIAL DRIVE
210
ORLANDO, FL 32804

Current Mailing Address:

P.O. BOX 616857
ORLANDO, FL 32861

New Mailing Address:

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:

SMITH, VALERIE R
1999 WEST COLONIAL DRIVE
210
ORLANDO, FL 32804 US

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: VALERIE SMITH

04/29/2008

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: MCCLOUD, CELESTIA L
Address: 2513 CITRUS CLUB LANE
City-St-Zip: ORLANDO, FL 32839

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SMITH, VALERIE R
Address: 1999 WEST COLONIAL DRIVE #210
City-St-Zip: ORLANDO, FL 32804

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

Title: VP (X) Change () Addition
Name: ROZIER, DORIAN F
Address: 20117 N.W. 32ND PLACE
City-St-Zip: MIAMI, FL 33056

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: VALERIE SMITH

D

04/29/2008

Electronic Signature of Signing Officer or Director

Date