2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

DOCUMENT# N05000011099

Entity Name: VRS SOCIAL SERVICES, INC.

Current Principal Place of Business:

515 NORTH PARK AVENUE
#201-A
APOPKA, FL 32712

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 616858
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
515 NORTH PARK AVENUE
#201-A
APOPKA, FL 32712 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
Name: SMITH, VALERIE R
Address: 515 NORTH PARK AVENUE
City-St-Zip: APOPKA, FL 32712

Title: VP
Name: DAVIS, DONOVAN D
Address: 3817 WHITE HERON DRIVE
City-St-Zip: ORLANDO, FL 32808

Title: T
Name: ROZIER, DORIAN F
Address: 20117 N.W. 32ND PLACE
City-St-Zip: MIAMI, FL 33056

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

Title: T
Name: GIBSON, TWAQUANA M
Address: 5441 REGAL OAK CIRCLE
City-St-Zip: ORLANDO, FL 32810

Title: S
Name: FOSTER, LETECIA
Address: 9868 DOG RIDGE RUN
City-St-Zip: ORLANDO, FL 32829

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: VALERIE ROZIER SMITH D 04/17/2012

Electronic Signature of Signing Officer or Director — Date