# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 03, 2009**
**Secretary of State**

DOCUMENT# N06000004031

**Entity Name:** VETERANS DETOXIFICATION PROJECT, INC.

**Current Principal Place of Business:**

22073 US HWY 19 NORTH
CLEARWATER, FL 33765

**New Principal Place of Business:**

**Current Mailing Address:**

22073 US HWY 19 NORTH
CLEARWATER, FL 33765

**New Mailing Address:**

**FEI Number: 20-4695163** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

LORCH, DANIEL
22073 US HWY 19 NORTH
CLEARWATER, FL 33765 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: DCEO ( ) Delete
Name: LORCH, DANIEL
Address: 311 JEFFERSON AVENUE N
City-St-Zip: CLEARWATER, FL 33755

Title: TS ( ) Delete
Name: LORCH, DANIEL
Address: 311 JEFFERSON AVENUE N
City-St-Zip: CLEARWATER, FL 33755

Title: PD ( ) Delete
Name: MILLER, BRETT
Address: 500 N OSCEOLA AVE, PH-G
City-St-Zip: CLEARWATER, FL 33755

Title: D ( ) Delete
Name: LORCH, LINDA
Address: 311 JEFFERSON AVENUE N
City-St-Zip: CLEARWATER, FL 33755

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: BRETT MILLER PRES 04/03/2009

Electronic Signature of Signing Officer or Director — Date