

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010901

FILED  
Sep 05, 2007  
Secretary of State

**Entity Name:** VOLUNTEERS FOR SERVICEMEN AND VETERANS, INC.

**Current Principal Place of Business:**

596 SAND WEDGE LOOP  
APOPKA, FL 32712 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4083  
APOPKA, FL 32704 US

**New Mailing Address:**

**FEI Number:** 87-0784956 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

CETRONE, DANIEL  
596 SAND WEDGE LOOP  
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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

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

Title: DP ( ) Change (X) Addition  
Name: CETRONE, DAN  
Address: 4270 ALOMA AVENUE #124-61C  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Change (X) Addition  
Name: RUGGIERO, MARY ANN  
Address: 4270 ALOMA AVENUE #124-61C  
City-St-Zip: WINTER PARK, FL 32792

Title: D ( ) Change (X) Addition  
Name: FOSTOFF, ELLEN  
Address: 4270 ALOMA AVENUE #124-61C  
City-St-Zip: WINTER PARK, FL 32792

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: DAN CETRONE

DP

09/05/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date