2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2009
Secretary of State

DOCUMENT# N06000010901

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: DAN CETRONE DP 09/04/2009

Electronic Signature of Signing Officer or Director — Date