## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009046

City-St-Zip:

ORMOND BEACH, FL 32174

tity Name: VETERANS SUPPORT FUND INC

FILED Jan 05, 2009 Secretary of State

Entity Name: VETERANS SUPPORT FUND, INC.					
Current P	rincipal Place	of Business:	New Principal Place o	New Principal Place of Business:	
	N AVE, STE 1 BEACH, FL 3				
Current M	lailing Addres	s:	New Mailing Address	New Mailing Address:	
	N AVE, STE 1 A BEACH, FL 3				
FEI Number:	: 26-1082402	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVENUE DAYTONA BEACH, FL 321152491 US			ERTHAL, MICHAEL J 600 MASON AVE STE 140 DAYTONA BEACH, FL	600 MASÓN AVE	
	named entity s e of Florida.	submits this statement for the	purpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE: MICHAEL	. J. ERTHAL		01/05/2009	
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () TEXTER, KIM 2480 GUAVA PORT ORANGE	Delete :, FL 32128	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () LINN, NICOLE 657 OCEAN SH ORMOND BEAG		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () HODGES, RHO 2411 ORIOLE L SOUTH DAYTO	ANE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () ERTHAL, MIKE 416 OAK PARK ORMOND BEAG		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address:	D (X) FAULKNER, LA 15 PARK VIEW		Title: Name: Address:	( ) Change ( ) Addition	

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.

City-St-Zip:

SIGNATURE: MICHAEL J. ERTHAL D 01/05/2009