

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 10, 2010
Secretary of State

DOCUMENT# N08000002609

Entity Name: NATIONAL VETERANS HOMELESS SUPPORT, INC.**Current Principal Place of Business:**725 S. DELEON AVENUE
SUITE 118
TITUSVILLE, FL 32780 US**New Principal Place of Business:**7075 N HWY US 1
SUITE 700
PORT ST JOHN, FL 32927 US**Current Mailing Address:**725 S. DELEON AVENUE
SUITE 118
TITUSVILLE, FL 32780 US**New Mailing Address:**P.O. BOX 325
MIMS, FL 32754 US**FEI Number:** 35-2330290**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TAYLOR, GEORGE L SR.
3136 KITTLE STREET
MIMS, FL 32754 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: P/C
Name: TAYLOR, GEORGE L SR.
Address: 3136 KITTLES STREET
City-St-Zip: MIMS, FL 32754

Title: VP/D
Name: WALSH, DOROTHY
Address: 2610 MOTT CREEK CT
City-St-Zip: MELBOURNE, FL 32935

Title: CFOD
Name: TAYLOR, GEORGE L JR.
Address: 3400 BROCKETT RD
City-St-Zip: MIMS, FL 32754

Title: D
Name: PECOT, KEITH
Address: 6015 ADINA ROAD
City-St-Zip: COCOA, FL 32927

Title: CS/D
Name: BLICKLEY, DANA R
Address: 3425 HERON LN
City-St-Zip: TITUSVILE, FL 32780

Title: D
Name: MOORE, WILLIAM
Address: 4818 WELLINGTON LN
City-St-Zip: MIMS, FL 32780

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: GEORGE L TAYLOR JR

CFOD

10/10/2010

Electronic Signature of Signing Officer or Director

Date