

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004568

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** FLORIDA VETERANS PROGRAMS & PROJECTS, INC.

**Current Principal Place of Business:**

4905 LOS ALTOS CIRCLE  
ELKTON, FL 32033 US

**New Principal Place of Business:**

**Current Mailing Address:**

4905 LOS ALTOS CIRCLE  
ELKTON, FL 32033 US

**New Mailing Address:**

FEI Number: 36-4632252

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROTHFELD, MICHAEL  
4905 LOS ALTOS CIRCLE  
ELKTON, FL 32033 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/T  
Name: ROTHFELD, MICHAEL  
Address: 4905 LOS ALTOS CIRCLE  
City-St-Zip: ELKTON, FL 32033 US

Title: VP  
Name: VOGUIT, STEVE  
Address: 27 MADEIRA DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: SECY  
Name: MANFORD, HARRY  
Address: 5221 BASCO COURT  
City-St-Zip: ELKTON, FL 32033 US

Title: D  
Name: KIDWELL, EARL  
Address: 5317 MARBELLA PLACE  
City-St-Zip: ELKTON, FL 32033 US

Title: D  
Name: VANAIRSDALE, JAMES  
Address: 62 WILLOW DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: D  
Name: MURRAY, JIM  
Address: 4024 LAS BRISAS PLACE  
City-St-Zip: ELKTON, FL 32033 US

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: MICHAEL ROTHFELD

PRES

01/14/2010

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

\_\_\_\_\_  
Date