

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004568

FILED
Jan 06, 2011
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

01/06/2011

Electronic Signature of Signing Officer or Director

Date