

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005419

FILED
Apr 25, 2012
Secretary of State

Entity Name: FLORIDA VETERANS FOUNDATION, INC.

Current Principal Place of Business:

4040 ESPLANADE WAY., SUITE 180
TALLAHASSEE, FL 323990950

New Principal Place of Business:

THE CAPITOL, 400 S. MONROE ST.
SUITE 2105D
TALLAHASSEE, FL 32399-001 US

Current Mailing Address:

4040 ESPLANADE WAY., SUITE 180
TALLAHASSEE, FL 323990950

New Mailing Address:

THE CAPITOL, 400 S. MONROE ST.
SUITE 2105D
TALLAHASSEE, FL 32399-001 US

FEI Number: 26-2748811

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BELL, DONALD L
1016 SHALIMAR DRIVE
TALLAHASSEE, FL 32312 US

Name and Address of New Registered Agent:

WILLARD, MATTHEW R ESQ.
517 E. COLLEGE AVE.
TALLAHASSEE, FL 32301 US

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: MATTHEW R. WILLARD

04/25/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR
Name: COKER, MICHAEL
Address: 415 MARION OAKS PASS
City-St-Zip: OCALA, FL 344735484

Title: DIR
Name: HAYNES, JOHN
Address: 424 S HIAWATHA FARMS RD.
City-St-Zip: MONTICELLO, FL 32344

Title: DIR
Name: RITCHIE-MELVIN, SHARON
Address: 13 N. ARCHWOOD DRIVE
City-St-Zip: INVERNESS, FL 34450

Title: DIR
Name: CARABELLO, SUSAN
Address: 360-1 PRESTWICK CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33418

Title: DIR
Name: TIM, JENKINS
Address: 510 HIGHWAY A1A NORTH
City-St-Zip: PONTE VEDRA BEACH, FL 32982

Title: DIR
Name: CREGER, ROBERT
Address: 16682 BOBCAT DRIVE
City-St-Zip: FORT MYERS, FL 33908

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: JOHN HAYNES

CHR

04/25/2012

Electronic Signature of Signing Officer or Director

Date