

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002530

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** STANDING TALL FOR VETERANS, INC.

**Current Principal Place of Business:**

35140 WHISPERING OAKS BLVD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 221  
DADE CITY, FL 33526

**New Mailing Address:**

**FEI Number:** 26-4457594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENNETT, CHARLES  
35140 WHISPERING OAKS BLVD  
DADE CITY, FL 33523 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:** PD  
**Name:** BENNETT, CHARLES S  
**Address:** 35140 WHISPERING OAKS BLVD  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** SD  
**Name:** MIKAL, DERON  
**Address:** 35140 WHISPERING OAKS BLVD  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** TD  
**Name:** BONCZKY-DAOUST, CAROL  
**Address:** 35140 WHISPERING OAKS BLVD  
**City-St-Zip:** DADE CITY, FL 33523

**Title:** VPD  
**Name:** BROOKS, JAMES  
**Address:** 35140 WHISPERING OAKS BLVD  
**City-St-Zip:** DADE CITY, FL 33523

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:** CHARLES S. BENNETT

PD

04/09/2012

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

\_\_\_\_\_  
Date