

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000000223

FILED
May 25, 2012
Secretary of State

Entity Name: THE VETERANS ORGANIZATION OF RESOURCE & RECOVERY FOR THE HOMELESS INC.

Current Principal Place of Business:

300 N. DEWEY STREET
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1754
EUSTIS, FL 32727

New Mailing Address:

FEI Number: 27-4020286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THORNE, LLOYD
300 N. DEWEY STREET
EUSTIS, FL 32726 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: XDIR
Name: THORNE, LLOYD
Address: 300N DEWEY ST
City-St-Zip: EUSTIS, FL 32726 LK

Title: DIR
Name: SHAUT, HELEN
Address: 19611 FIFTH ST
City-St-Zip: UMATILLA, FL 32784 LA

Title: D.O.
Name: O'BRIEN, JOHN
Address: 902 S. GROVE ST
City-St-Zip: EUSTIS, FL 32726 LK

Title: ADIM
Name: MCFARLAND, DENISE
Address: 2222 MARTINS RUN
City-St-Zip: TAVARES, FL 32778 LK

Title: SAA
Name: CONYERS, DANIEL
Address: 902 S. GROVE ST
City-St-Zip: EUSTIS, FL 32726 LK

Title: SECY
Name: PETERSON, NORMAN
Address: 1651 N COUNTY 19A
City-St-Zip: EUSTIS, FL 32726 LK

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: LLOYD THORNE

XDIR

05/25/2012

Electronic Signature of Signing Officer or Director

Date