

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000000550

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** DISABLED VETERANS INSURANCE CAREERS, INC.

**Current Principal Place of Business:**

C/O GARY V. TRIPPE  
1275 KASAMADA DRIVE  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

C/O GARY V. TRIPPE  
1275 KASAMADA DRIVE  
FORT MYERS, FL 33919

**New Mailing Address:**

**FEI Number:** 27-4645661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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:** TREA  
**Name:** TRIPPE, GARY V  
**Address:** 1275 KASAMADA DRIVE  
**City-St-Zip:** FORT MYERS, FL 33919

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:** GARY V. TRIPPE

TREA

01/04/2012

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

\_\_\_\_\_  
Date