

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

DOCUMENT# N11000000871

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** VETERAN ENRICHMENT PROGRAM, INC.

**Current Principal Place of Business:**

712 SOUTH ROME AVE.  
STE#200  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 18431  
TAMPA, FL 33679

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BARROW, BENNETT H  
712 SOUTH ROME AVE.  
STE#200  
TAMPA, FL 33606 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: VP  
Name: BARROW, BENNETT H  
Address: 712 SOUTH OREGON AVE.STE200  
City-St-Zip: TAMPA, FL 33606 US

Title: PRES  
Name: BARROW, ROBERT H  
Address: 712 SOUTH OREGON AVE.STE200  
City-St-Zip: TAMPA, FL 33606 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:** BENNETT H BARROW

VP

02/13/2012

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

\_\_\_\_\_  
Date