2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001866

Apr 18, 2012 Secretary of State

Entity Name: VETERANS TRANSITIONAL AND RECOVERY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

1611 N MAGNOLIA AVE OCALA, FL 34471

Current Mailing Address: New Mailing Address:

P.O. BOX 68

ORANGE LAKE, FL 32681

FEI Number: 27-5364558 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CATES-AQUINO, SHERRYL C 18245 N. HWY 441 REDDICK, FL 32686 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

2TDC

CATES-AQUINO, SHERRYL C Name:

Address: 18245 N. HWY 441 City-St-Zip: REDDICK, FL 32686

Title: VO

Name: AQUINO, LUIS A Address: 18245 N. HWY 441 City-St-Zip: REDDICK, FL 32686

Title:

BRITTON, BARRY Name: 15475 S.E. 36TH AVENUE Address: City-St-Zip: SUMMERVILLE, FL 34491

Title:

Name: MURPHY, VALERIE Address: 14830 S.E. 41ST COURT City-St-Zip: SUMMERVILLE, FL 34491

Title:

ZANDERS, LARRY Name:

1515 E. SILVER SPRINGS BLVD Address:

City-St-Zip: OCALA, FL 34470

Title:

ROOF, RUSSELL Name:

Address: 1704 TANGLEWOOD DRIVE KISSIMMEE, FL 34746 City-St-Zip:

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: SHERRYL C. CATES-AQUINO 2TDC 04/18/2012