FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR -5 PM 3:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N35925 (9)

1. Corporation Name
VETERAN'S MEMORIAL FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O BOB SOCKS 4400 S HOPKINS AVE TITUSVILLE FL 32780	C/O BOB SOCKS 4400 S HOPKINS AVE TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/27/1989
3a. Date of Last Report: 02/09/1994
4. FEI Number: 59-2993204 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business (21) (22) (23) (24) (25)
2a. Mailing Address (26) (27) (28) (29) (30)

9. Name and Address of Current Registered Agent

SOCKS, ROBERT L
4400 S HOPKINS AVE
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~D~~	1.1 TITLE	☐ Change ☒ Addition VP
NAME	~~ALLEN, ROBERT~~	1.2 NAME	GEORGE CIPILLETTI
STREET ADDRESS	~~2000 S. WASH AVE.~~	1.3 STREET ADDRESS	4226 HEMLOCK LN
CITY-ST-ZIP	~~TITUSVILLE FL~~	1.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	D	2.1 TITLE	☐ Change ☒ Addition D
NAME	ADAMS, FRANK	2.2 NAME	JOAN HISMAN
STREET ADDRESS	1030 WESGEWOOD LN	2.3 STREET ADDRESS	4763 LONSDALE DR.
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	TITUSVILLE, FL 32796
TITLE	~~D~~	3.1 TITLE	☐ Change ☒ Addition D
NAME	~~CORNE, THOMAS, JR.~~	3.2 NAME	MARY ROWLAND
STREET ADDRESS	~~2749 WINSTEAD DR~~	3.3 STREET ADDRESS	3512 TANGLEWOOD CIR
CITY-ST-ZIP	~~TITUSVILLE FL~~	3.4 CITY-ST-ZIP	TITUSVILLE, FL 32780
TITLE	~~D~~	4.1 TITLE	☐ Change ☐ Addition
NAME	~~CORDESCO, FRANK~~	4.2 NAME	
STREET ADDRESS	~~3023 BRIARWOOD LANE~~	4.3 STREET ADDRESS	
CITY-ST-ZIP	~~TITUSVILLE FL~~	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	SOCKS, ROBERT L	5.2 NAME	
STREET ADDRESS	4400 SO HOPKINS AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TITUSVILLE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert L. Socks 3/15/95 (407)267-7070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #