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Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N35925 (9)

1. Corporation Name

VETERAN'S MEMORIAL FOUNDATION, INC.

Principal Place of Business

C/O BOB SOCKS 4400 S HOPKINS AVE
TITUSVILLE FL 32780

Mailing Address

C/O BOB SOCKS 4400 S HOPKINS AVE
TITUSVILLE FL 32780



3. Date Incorporated or Qualified
12/27/1989

3a. Date of Last Report
03/22/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOCKS, ROBERT L
4400 S HOPKINS AVE
TITUSVILLE FL 32780

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE
NAME CIPILLERI, GEORGE
STREET ADDRESS 4220 HEMLOCK LAND
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☒ DELETE
NAME ADAMS, FRANK
STREET ADDRESS 1030 WESGEWOOD LN
CITY-ST-ZIP TITUSVILLE FL

TITLE D ☐ DELETE
NAME HISMAN, JOAN
STREET ADDRESS 4783 LONGBOW DR.
CITY-ST-ZIP TITUSVILLE FL 32756

TITLE D ☐ DELETE
NAME ROWLAND, MARK
STREET ADDRESS 3912 TANGLEWOOD CIRCLE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE P ☐ DELETE
NAME SOCKS, ROBERT L
STREET ADDRESS 4400 SO HOPKINS AVE
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Tom Patton
2.3 STREET ADDRESS 4375 PINE BLVD
2.4 CITY-ST-ZIP Cocoa, FL, 32927

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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 in changed or on an attachment with an address.

SIGNATURE

CR2E037 (9/96)