

FILED
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Secretary of State

04-26-2005 90136 017 ****61.25

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # N35925

1. Entity 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

40066334



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2993204

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOCKS, ROBERT L
4400 S HOPKINS AVE
TITUSVILLE FL 32780

7. Name and Address of New Registered Agent

Name **George Cipolletti**

Street Address (P.O. Box Number is Not Acceptable)

4220 Hemlock Lane

City **Titusville**

FL

Zip Code **32780**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

George Cipolletti

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

(NOTE: Registered Agent Signature Required when Initiating)

7/14/05

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME TOM PATTON
STREET ADDRESS 4375 FAYE BLVD.
CITY-ST-ZIP COCOA FL 32927

TITLE ☐ Delete
NAME HISMAN, JOHN
STREET ADDRESS 4783 LONGBOW DR.
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☒ Delete
NAME SOCKS, ROBERT L
STREET ADDRESS 4400 SO HOPKINS AVE
CITY-ST-ZIP TITUSVILLE FL

TITLE ☒ Delete
NAME SKINNER, SANDRA
STREET ADDRESS 2060 GANDEN ST
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME George Cipolletti
STREET ADDRESS 4220 Hemlock Ln
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME John Higman
STREET ADDRESS 4783 LONGBOW DR.
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☒ Change ☐ Addition
NAME Robert Socks
STREET ADDRESS 493 Arbor Ridge Ln
CITY-ST-ZIP Titusville, FL 32780

TITLE ☐ Change ☒ Addition
NAME Gayle Flewellen
STREET ADDRESS 2291 Christine Dr
CITY-ST-ZIP Titusville, FL 32796

TITLE ☐ Change ☒ Addition
NAME Culpepper, Richard
STREET ADDRESS 1924 N Carpenter RD
CITY-ST-ZIP Titusville, FL 32796

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas P. Patton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #