

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2008 8:00 am
Secretary of State

05-08-2008 90022 021 ****61.25

DOCUMENT # N35925	
1. Entity Name VETERAN'S MEMORIAL FOUNDATION, INC.	

Principal Place of Business CIPOLLETTI, GEORGE TITUSVILLE FL 32780	Mailing Address 4220 HEMLOCK LN TITUSVILLE FL 32780
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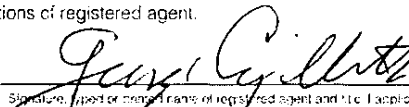
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-2993204	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CIPOLLETTI, GEORGE 4220 HEMLOCK LANE TITUSVILLE FL 32780

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

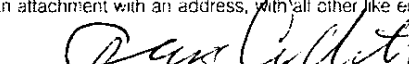
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete P CIPOLLETTI, GEORGE 4220 HEMLOCK LN TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete T TOM PATTON 6790 GRISSOM PK PORT ST JOHN FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D HIGMAN, JOHN 4783 LONGBOW DR. TITUSVILLE FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D SOCKS, ROBERT 493 ARBOR RIDGE LN TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete DS FLEWELLIN, GAYLE 2291 CHRISTINE DR TITUSVILLE FL 32796
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D CULPEPPER, RICHARD 1924 N. CARPENTER RD TITUSVILLE FL 32796

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition BUTCH CIPOLLETTI 4220 HEMLOCK LN TITUSVILLE FL 32780
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.	
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SIGNATURE: 	DATE
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