

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35925

FILED
Mar 05, 2009
Secretary of State

Entity Name: VETERAN'S MEMORIAL FOUNDATION, INC.

Current Principal Place of Business:

CIPOLLETTI, GEORGE
TITUSVILLE, FL 32780

New Principal Place of Business:

Current Mailing Address:

4220 HEMLOCK LN
TITUSVILLE, FL 32780

New Mailing Address:

FEI Number: 59-2993204

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CIPOLLETTI, GEORGE
4220 HEMLOCK LANE
TITUSVILLE, FL 32780 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CIPOLETTI, GEORGE
Address: 4220 HEMLOCK LN
City-St-Zip: TITUSVILLE, FL 32780

Title: T () Delete
Name: TOM PATTON
Address: 6790 GRISSOM PK
City-St-Zip: PORT ST JOHN, FL 32927

Title: D () Delete
Name: HIGMAN, JOHN
Address: 4783 LONGBOW DR.
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: SOCKS, ROBERT
Address: 493 ARBOR RIDGE LN
City-St-Zip: TITUSVILLE, FL 32780

Title: DS () Delete
Name: FLEWWELLIN, GAYLE
Address: 2291 CHRISTINE DR
City-St-Zip: TITUSVILLE, FL 32796

Title: D () Delete
Name: CULPEPPER, RICHARD
Address: 1924 N. CARPENTER RD
City-St-Zip: TITUSVILLE, FL 32796

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CIPOLLETTI, GEORGE
Address: 4220 HEMLOCK LN
City-St-Zip: TITUSVILLE, FL 32780

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: GEORGE CIPOLLETTI

P

03/05/2009

Electronic Signature of Signing Officer or Director

Date