

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N35925

**FILED**  
**Feb 03, 2011**  
**Secretary of State**

**Entity Name:** VETERAN'S MEMORIAL FOUNDATION, INC.

**Current Principal Place of Business:**

493 ARBOR RIDGE LANE  
TITUSVILLE, FL 32780

**New Principal Place of Business:**

**Current Mailing Address:**

493 ARBOR RIDGE LANE  
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:**

SOCKS, ROBERT L  
493 ARBOR RIDGE 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  
**Name:** SOCKS, ROBERT L  
**Address:** 493 ARBOR RIDGE LANE  
**City-St-Zip:** TITUSVILLE, FL 32780

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

**Title:** DS  
**Name:** FLEWWELLIN, GAYLE  
**Address:** 2291 CHRISTINE DR.  
**City-St-Zip:** TITUSVILLE, FL 32796

**Title:** D  
**Name:** CIPOLLETTI, RUTH  
**Address:** 4220 HEMLOCK LANE  
**City-St-Zip:** TITUSVILLE, FL 32780

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT L. SOCKS

PRES

02/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date