

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90746 008 ****61.25

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**

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

7. Name and Address of New Registered Agent

**SOCKS, ROBERT L
4400 S HOPKINS AVE
TITUSVILLE FL 32780**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

Signature Robert L Socks

4/2/03

321-267-7070

CR2E037 (10/02)