

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003207 (7)

1. Corporation Name

VETERANS COMMUNITY LEADERSHIP CORPS, INC.



Principal Place of Business

Mailing Address

**4411 HARTMAN ROAD
JACKSONVILLE FL 32225**

**4411 HARTMAN ROAD
JACKSONVILLE FL 32225**

2. Principal Place of Business

2a. Mailing Address

21 2255-4 W. 23rd St.

26 P.O. Box 380011

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Jacksonville, FL 32209

28 Jacksonville, FL 32205

Zip

Country

Zip

Country

24 32209

25 USA

29 32205

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WASHINGTON, JERRY
4411 HARTMAN ROAD
JACKSONVILLE FL 32225**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

JERRY WASHINGTON

(NOTE: Registered Agent signature required when reins aling)

13 APR 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **WASHINGTON, JERRY**
STREET ADDRESS **4411 HARTMAN ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **WASHINGTON, JERRY**
1.3 STREET ADDRESS **1242 Ingleside Ave**
1.4 CITY-ST-ZIP **Jacksonville, FL 32205**

TITLE **TD** ☐ DELETE
NAME **DANFORD, RICHARD**
STREET ADDRESS **233 W DUVAN STREET**
CITY-ST-ZIP **JACKSONVILLE FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **LAWRENCE, REGINALD**
STREET ADDRESS **4411 HARTMAN ROAD**
CITY-ST-ZIP **JACKSONVILLE FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

13 APR 96

Date

(904) 828-2916

Daytime Phone #

CR2E037 (12/95)