

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708777

Entity Name: VETERANS COUNCIL OF HILLSBOROUGH COUNTY, INC.**Current Principal Place of Business:**VETERANS RESOURCE CENTER
3602 U.S. HWY 301 NORTH UNIT #4 VETERANS MEMORIAL PARK
TAMPA, FL 33619**Current Mailing Address:**VETERANS RESOURCE CENTER
3602 U.S. HWY 301 NORTH UNIT #4 VETERANS MEMORIAL PARK
TAMPA, FL 33619 US**FEI Number:** 38-3940343**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**RAYSICK, WALTER
223 BON VIE PL
VALRICO, FL 33594 US*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**Officer/Director Detail :**

Title	P
Name	PALMER, CODY
Address	VETERANS RESOURCE CENTER 3602 U.S. HWY 301 NORTH UNIT #4 VETERANS MEMORIAL PARK
City-State-Zip:	TAMPA FL 33619

Title	TR
Name	RAYSICK, WALTER E.
Address	223 BON VIE PLACE
City-State-Zip:	VALRICO FL 33594

Title	2ND VP
Name	FLETCHER, JAMES
Address	P.O. BOX 89247
City-State-Zip:	TAMPA FL 33689

Title	1ST VP, VP
Name	GOLDIE, CATHERINE
Address	P.O. BOX 291157
City-State-Zip:	TEMPLE TERRACE FL 33637

Title	TRUSTEE
Name	O'DELL, MIKE
Address	12535 SPOTTSWOOD DR
City-State-Zip:	RIVERVIEW FL 33579

Title	3RD VP
Name	ELETTO, JOSEPH
Address	6542 N.. HWY 41
City-State-Zip:	APOLLO BEACH FL 33672

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: WALTER E. RAYSICK, SR

TREASURER

01/17/2021

Electronic Signature of Signing Officer/Director Detail_____
Date