

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000004668

**Entity Name:** 1ST VETERANS KIDS CARE, INC.

**Current Principal Place of Business:**

109 AMBERSWEET WAY  
226  
DAVENPORT, FL 33897

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC1546658089**

**Current Mailing Address:**

109 AMBERSWEET WAY  
226  
DAVENPORT, FL 33897

**FEI Number:** 27-0206132

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MITRE ACCOUNTING & TAX SERVICE, LLC.  
15701 STATE ROAD 50  
STE 206  
CLERMONT, FL 34711 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 VP  
Name CARDINAL, ANCIL  
Address 109 AMBERSWEET WAY STE 226  
City-State-Zip: DAVENPORT FL 33897

Title CHAIRMAN  
Name CARDINAL, ANTON D  
Address 109 AMBERSWEET WAY, STE 226  
City-State-Zip: DAVENPORT FL 33897

Title TREASURER  
Name FINDLEY, CYNTHIA  
Address 109 AMBERSWEET WAY, STE 226  
City-State-Zip: DAVENPORT FL 33897

Title PRESIDENT  
Name GATITHER, LEON R  
Address 109 AMBERSWEET WAY, STE 226  
City-State-Zip: DAVENPORT FL 33897

Title SECRETARY  
Name GAITHER, KATRINA  
Address 109 AMBERSWEET WAY  
226  
City-State-Zip: DAVENPORT FL 33897

*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:** ANTON CARDINAL

**CHAIRMAN**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date