

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000011079

**Entity Name:** STAND-4-VETS INC.

**Current Principal Place of Business:**

571 CRYSTAL WAY  
ORANGE PARK, FL 32065

**Current Mailing Address:**

571 CRYSTAL WAY  
ORANGE PARK, FL 32065

**FEI Number:** 47-2464893

**Certificate of Status Desired:** No

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

MOTTERN, MICHAEL T  
571 CRYSTAL WAY  
ORANGE PARK, FL 32065 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 CHAMBERS, TIM A  
Address 612 TOPAZ COURT  
City-State-Zip: VISTA CA 92083

Title VP  
Name MOTTERN, MICHAEL T  
Address 571 CRYSTAL WAY  
City-State-Zip: ORANGE PARK FL 32065

Title D  
Name MALCOLM, CATRYANA  
Address 621 LODGEPOLE DRIVE  
City-State-Zip: EVERGREEN CO 80439

Title T  
Name HEIST, LORRAINE J  
Address 612 TOPAZ COURT  
City-State-Zip: VISTA CA 92083

Title S  
Name HOGE, DIANE M  
Address 9912 114TH ST NE  
City-State-Zip: MOUNT ANGEL OR 97362

*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:** TIM A CHAMBERS

**FOUNDER**

**06/10/2015**

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

\_\_\_\_\_  
Date