

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000010067

Entity Name: VETERANS 4 A CAUSE, INC.**Current Principal Place of Business:**1064 W. NEWBURY STREET
CITRUS SPRINGS, FL 34434**Current Mailing Address:**1064 W. NEWBURY STREET
CITRUS SPRINGS, FL 34434 US**FEI Number:** 82-3186583**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BURROUGHS, KERI
1064 W. NEWBURY STREET
CITRUS SPRINGS, FL 34434 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 PRESIDENT, CEO
Name MCCARTHY, JOHN
Address 1064 W. NEWBURY STREET
City-State-Zip: CITRUS SPRINGS FL 34434

Title TREASURER
Name RUGGIERO, KAREN
Address 6791 W. ROSEDALE DRIVE
City-State-Zip: HOMOSASSA FL 34448

Title DIRECTOR
Name JAYCOX, TERI
Address 6930 MACOPIN LANE
City-State-Zip: CRYSTAL RIVER FL 34429

Title SERGEANT AT ARMS
Name HEDBERG, BUCK
Address 5818 S. POWER TERRACE,
City-State-Zip: HOMOSASSA FL 34446

Title VP
Name BURROUGHS, KERI
Address 1064 W. NEWBURY STREET
City-State-Zip: CITRUS SPRINGS FL 34434

Title DIRECTOR
Name FREAR, ADAM
Address 8625 W. MOONHAZE CT.
City-State-Zip: CRYSTAL RIVER FL 34428

Title SECRETARY
Name HEDBERG, ANNA
Address 5818 S. POWER TERRACE,
City-State-Zip: HOMOSASSA FL 34446

Title ROAD CAPTAIN
Name LAMPASONA, ROBERT
Address 1193 W. BIRCHWOOD STREET
City-State-Zip: CITRUS SPRINGS FL 34434

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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: JOHN MCCARTHY**PRESIDENT****03/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

| | |
|-----------------|-------------------------|
| Title | CHAPLAIN |
| Name | SMITH, MIKE |
| Address | 2875 W. ACORN CT, |
| City-State-Zip: | CITRUS SPRINGS FL 34434 |