

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000002607

**Entity Name:** THE VETERANS COUNCIL OF ST. JOHNS COUNTY, INC.**Current Principal Place of Business:**1072 ALCALA DRIVE  
ST. AUGUSTINE, FL 32086**Current Mailing Address:**P.O. BOX 2117  
ST. AUGUSTINE, FL 32085 US**FEI Number:** 27-1971825**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DUDLEY, WILLIAM E  
1072 ALCALA DRIVE  
ST. AUGUSTINE, FL 32086 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:** WILLIAM E DUDLEY

02/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	C
Name	DUDLEY, WILLIAM E
Address	PO BOX 2117
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	VC
Name	QUINN, RAY A
Address	PO BOX 2117
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	T
Name	MOUNTCASTLE, JOHN
Address	PO BOX 2117
City-State-Zip:	ST AUGUSTINE FL 32085

Title	S
Name	ROTHFELD, MICHAEL S
Address	PO BOX 2117
City-State-Zip:	ST AUGUSTINE FL 32085

Title	DIRECTOR
Name	DEGE, GERALD
Address	P.O. BOX 2117
City-State-Zip:	ST. AUGUSTINE FL 32085

Title	DIRECTOR
Name	SHOAR, DAVID
Address	P.O. BOX 2117
City-State-Zip:	ST. AUGUSTINE FL 32085

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 MOUNTCASTLE**TREASURER**

02/21/2022

Electronic Signature of Signing Officer/Director Detail

Date