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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763354

1. Corporation Name

**VIETNAM VETERANS OF AMERICA CHAPTER #23, FT. LAU
DERDALE, FLORIDA, INC.**

Principal Place of Business

1532 NE 4 AVENUE
FT. LAUDERDALE FL 33304-7000

Mailing Address

1532 NE 4 AVENUE
FT. LAUDERDALE FL 33304-7000

DEPARTMENT OF STATE



2. Principal Place of Business

21 12181, S.W. 7th Pl.

2a. Mailing Address

26 13181, S.W. 7th Pl.

3. Date Incorporated or Qualified

05/18/1982

Suite, Apt. #, etc.

22 40 Charles Bantos

Suite, Apt. #, etc.

27 40 Charles Bantos

4. FEI Number

52-1389547

Applied For

Not Applicable

City & State

23 DAVIE, FL.

City & State

28 DAVIE, FL.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

Country

24 33325 25 U.S.A.

Zip

Country

29 33325 30 U.S.A.

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BANTO, CHARLES
13181 S.W. 7TH PL
DAVIE FL 33325

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME BANTOS, CHARLES
STREET ADDRESS 13181 SW 7TH PL
CITY-ST-ZIP DAVIE FL

TITLE VP ☐ DELETE
NAME CHOMIAK, STEVEN M
STREET ADDRESS 555 S LUNA CT 333
CITY-ST-ZIP HOLLYWOOD FL

TITLE S ☐ DELETE
NAME ROSS, BRUCE
STREET ADDRESS 2731 N.W. 108 TERR
CITY-ST-ZIP FT LAUDERDALE FL

TITLE T ☐ DELETE
NAME JEFRA, JEFF
STREET ADDRESS 2901 SW 154 LN
CITY-ST-ZIP DAVIE FL

TITLE D ☐ DELETE
NAME DAVIS, MARK
STREET ADDRESS 4950 SW 18TH ST
CITY-ST-ZIP DAVIE FL

TITLE D ☒ DELETE
NAME ROSS, BRUCE
STREET ADDRESS 2731 NW 108TH TERR
CITY-ST-ZIP FT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/99
Date

(954) 476-9270
Daytime Phone #

CR2E037 (11/98)