FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

95 MAR 16 AM 9:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000004186 (3)

1. Corporation Name

FLORIDA VIETNAM VETERANS ASSISTANCE FOUNDATION, INC.

Principal Place of Business
1280 N CONGRESS AVENUE
SUITE 213
WEST PALM BEACH FL 33409

Mailing Address
1280 N CONGRESS AVENUE
SUITE 213
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/16/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0437065 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

DENNIS P KOEHLER, P.A.
1280 N CONGRESS AVENUE
SUITE 213
WEST PALM BEACH FL 33409

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 607.0502 and 607.1508, 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 607.0505, 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	D
NAME	MANNIN, THOMAS F
STREET ADDRESS	5140 2ND ROAD
CITY-ST-ZIP	LAKE WORTH FL
TITLE	D
NAME	SHANNON, RUTH A
STREET ADDRESS	4950 SW 48TH AVENUE
CITY-ST-ZIP	PALM CITY FL
TITLE	P
NAME	MENENDEZ, MARTIN
STREET ADDRESS	8000 NW 31 ST / STE 6
CITY-ST-ZIP	MIAMI FL
TITLE	VP
NAME	HUMPHRIES, BEN L
STREET ADDRESS	331 TEQUESTA DRIVE, #214
CITY-ST-ZIP	TEQUESTA FL
TITLE	T
NAME	BRUCE, IRWIN
STREET ADDRESS	3995 MCKAY GREEK RD
CITY-ST-ZIP	LARGO Pl
TITLE	SD
NAME	KOPROWSKI, JOHN
STREET ADDRESS	PO BOX 890 N/A
CITY-ST-ZIP	ZEPHERHILLS FL 33539

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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*****70.00 *****70.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Ben L Humphries 2/1/95 407-746 0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RW 3-16-95

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