

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

02-07-2003 90057 021 ****61.25

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1. Entity Name
FLORIDA VIETNAM VETERANS ASSISTANCE FOUNDATION, INC.



Principal Place of Business
**1280 N CONGRESS AVE
#213
WEST PALM BEACH FL 33409**

Mailing Address
**9792 OLD FEDERAL RD
QUINCY FL 32351**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0437065**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOEHLER, DENNIS P ESQ
1280 N CONGRESS AVE
#213
WEST PALM BEACH FL 33409**

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KOEHLER, DENNIS P. ESQ**
STREET ADDRESS **1280 N. CONGRESS AVE. #104**
CITY-ST-ZIP **WEST PALM BEACH FL 33409**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **WEBER, MICHAEL**
STREET ADDRESS **P.O. BOX 14-2141 N/A**
CITY-ST-ZIP **CORAL GABLES FL 33114**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **HARDING, JEROME**
STREET ADDRESS **6701 MALLARDS COVE RD APT E**
CITY-ST-ZIP **JUPITER FL 33458**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☒ Delete
NAME **HANKERSON, HERBERT L**
STREET ADDRESS **2311 NW 38TH AVE**
CITY-ST-ZIP **LAUDERDALE LAKES FL 33311-2648**

TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **William Chapman**
CITY-ST-ZIP **4650 Knoxville Ave**
CoCoa, FL 32926

TITLE **T** ☐ Delete
NAME **YEOMANS, MARY C**
STREET ADDRESS **RT. 7 BOX 951**
CITY-ST-ZIP **QUINCY PI 32351**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **KOPROWSKI, JOHN**
STREET ADDRESS **PO BOX 890 N/A**
CITY-ST-ZIP **ZEPHERHILLS FL 33539**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Yeomans, Treasurer

2-303 (80)487-3162

CR2E037 (10/02)