

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N96000003065 (7)
1. Corporation Name
**VIETNAM VETERANS OF AMERICA, INC. CHAPTER #566 P
ORT ST. LUCIE COUNTY, FLORIDA**



Principal Place of Business P.O. BOX 9313 PORT ST. LUCIE FL 34985	Mailing Address P.O. BOX 9313 PORT ST. LUCIE FL 34985-9313
---	--

3. Date Incorporated or Qualified 06/21/1991	3a. Date of Last Report 07/16/1996
--	--

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
--	---

4. FEI Number 65-0250332	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**BRADLEY, MICHAEL
626 CYNTHIA STREET
PORT ST. LUCIE FL 34983**

10. Name and Address of New Registered Agent
81 Name **BRADLEY, MICHAEL**
82 Street Address (P.O. Box Number is Not Acceptable) **626 SW CYNTHIA ST**
83
84 City **PORT ST LUCIE FL** 85 Zip Code **34983**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	NAPP, NEIL	
STREET ADDRESS	2595 DELANO ROAD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	BRADLEY, MICHAEL	
STREET ADDRESS	626 S.W. CYNTHIA STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JONES, OTIS	
STREET ADDRESS	2079 BERKSHIRE BLVD.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34957	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PATI, VIC	
STREET ADDRESS	244 GREENBRAIR DRIVE	
CITY-ST-ZIP	LAKE PARK FL 33403	
TITLE	D	<input type="checkbox"/> DELETE
NAME	OSBORNE, DALE	
STREET ADDRESS	1960 S.E. ANECI STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do 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.

SIGNATURE: *Neil Napp* **NEIL NAPP** **JAN 8, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071855

CR2E037 (9/96)