

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 26, 2004  
Secretary of State**

DOCUMENT# N96000003065

Entity Name: VIETNAM VETERANS OF AMERICA, INC. CHAPTER #566 PORT ST. LUCIE COUNTY, FLORIDA

**Current Principal Place of Business:**

**New Principal Place of Business:**

P.O. BOX 9313  
PORT ST. LUCIE, FL 34985

**Current Mailing Address:**

**New Mailing Address:**

P.O. BOX 9313  
PORT ST. LUCIE, FL 34985

FEI Number: 65-0250332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BRADLEY, MICHAEL  
626 SW CYNTHIA ST.  
PORT ST. LUCIE, FL 34983      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: BRADLEY, MICHAEL  
Address: 626 SW CYNTHIA STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: P/D      (X) Change ( ) Addition  
Name: OSBORNE, DALE  
Address: 1960 SE ANOCI STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPT      ( ) Delete  
Name: COLUCCO, JOHN  
Address: 1561 SE MAXIM AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP      (X) Change ( ) Addition  
Name: EVANS, DARRELL  
Address: 9500 S. OCEAN DRIVE  
City-St-Zip: JENSEN BEACH, FL 34957

Title: S      ( ) Delete  
Name: OSBORNE, DALE  
Address: 1960 SE ANOCI ST  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: S/T      (X) Change ( ) Addition  
Name: ANDRE, MICHAEL E  
Address: 861 SW GOODRICH STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VPT      (X) Delete  
Name: JONES, OTIS  
Address: 2407 SE MARSEILLE ST  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T      (X) Delete  
Name: NAPPI, NIEL J  
Address: 2595 SE DELANO RD  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MICHAEL E. ANDRE

S/T

04/26/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date