

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2005
Secretary of State**

DOCUMENT# N96000003065

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0250332 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BRADLEY, MICHAEL
626 SW CYNTHIA ST.
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: ATOA, ARISTIDES JR.
Address: 227 SW COCONUT KEY WAY
City-St-Zip: PORT ST. LUCIE, FL 34986

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

05/01/2005

Electronic Signature of Signing Officer or Director

_____ Date