


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N96000003065**  
 1. Entity Name  
**VIETNAM VETERANS OF AMERICA, INC. CHAPTER #566**  
**PORT 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
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**DO NOT WRITE IN THIS SPACE**



01172006 No Chg-NP CR2E037 (11/05)

4. FEI Number <b>65-0250332</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D OSBORNE, DALE 1960 SE ANOCI STREET PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATO, ARISTIDES JR. 227 SW COCONUT KEY WAY PORT ST. LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T ANDRE, MICHAEL E 861 SW GOODRICH STREET PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/28/06-80072-021 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 E. Andre **TREAS** 1-18-06 772-971-0783  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #