

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

01-29-2007 90073 045 ****61.25

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
--	--

DO NOT WRITE IN THIS SPACE

66002354



01152007 No Chg-NP CR2E037 (4/06)

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 ATOA, 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 2-16-07 772-971-0783

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MICHAEL E. ANDRE/TREASURER