

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90144 021 ****61.25

DOCUMENT # N96000003065

1. Entity Name

**VIETNAM VETERANS OF AMERICA, INC. CHAPTER #566 P
ORT ST. LUCIE COUNTY, FLORIDA**



Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0250332**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee, Required.**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	BRADLEY, MICHAEL	626 SW CYNTHIA STREET	PORT SAINT LUCIE FL 34983	<input type="checkbox"/>
VPT	COLUCCO, JOHN	1561 SE MAXIM AVENUE	PORT SAINT LUCIE FL 34952	<input type="checkbox"/>
VPT	PATI, VIC	1699 MISETOE STREET	PORT SAINT LUCIE FL 34983	<input checked="" type="checkbox"/>
VPT	OSBORNE, DALE	1960 S.E. ANECI STREET	PORT ST. LUCIE FL 34983	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
VPT	OTIS JONES	2407 S.E. MARSEILLE ST	PORT ST. LUCIE, FL 34952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	NEIL J. NAAPI	2595 S.E. DELANO RD	PORT ST. LUCIE, FL 34952	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	DALE OSBORNE	1960 S.E. ANECI ST	PORT ST. LUCIE, FL 34983	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I 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 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 Bradley*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/03 722879-7304

CR2E037 (10/02)