

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **763526** (1)
1. Corporation Name
VETERANS HOLDING COMPANY OF BRADEN RIVER, INC.



Principal Place of Business 1429 60TH AVE W STE 300 BRADENTON FL 34207 US		Mailing Address 1429 60TH AVE W STE 300 BRADENTON FL 34207-4697 US	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24	Country 25	Zip 29	Country 30
3. Date Incorporated or Qualified 06/02/1982		3a. Date of Last Report 05/01/1996	
4. FEI Number 31-1024008		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent SCHOFIELD, P ALLEN 1429 60TH AVE W, STE 300 BRADENTON FL 34207		10. Name and Address of New Registered Agent	
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City		FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-instating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, P ALLEN	1.2 NAME	
STREET ADDRESS	1429 60TH AVE W, #300	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTMAN, LESTER	2.2 NAME	
STREET ADDRESS	5400 39TH ST E	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 0	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, HAL J	3.2 NAME	
STREET ADDRESS	5711 20TH AVE DR E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, STEVE	4.2 NAME	
STREET ADDRESS	1429 FLAMINGO BLVD, #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, DOROTHY	5.2 NAME	DOROTHY FOSTER
STREET ADDRESS	3999 24TH ST W, 13R306	5.3 STREET ADDRESS	4000 - 20TH ST.W. 17R11D
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	VD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRONSON, LUCILLE	6.2 NAME	
STREET ADDRESS	3804 38TH AVE E	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON, FL 00000	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **11/1/97** **04/10/97**

CR2E037 (9/96)