


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 763526 (1) 1. Corporation Name <b>VETERANS HOLDING COMPANY OF BRADEN RIVER, INC.</b>					
Principal Place of Business <b>1429 60th Ave W. Ste 300 Bradenton, FL 34207 US</b>			Mailing Address <b>1429 60th Ave W. Ste 300 Bradenton, FL 34207 US</b>		
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		25. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		3. Date Incorporated or Qualified <b>06/02/1982</b> 4. FEI Number <b>31-1024008</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SCHOFIELD, P ALLEN 1429 60th AVE W. STE 300 BRADENTON, FL 34207</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> 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 reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>PD</b> <input type="checkbox"/> DELETE NAME <b>PD</b> STREET ADDRESS <b>Nixon, Quincy</b> CITY-ST-ZIP <b>1204 40th Ave. W. Bradenton, FL 34205</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>Schofield, P Allen</b> STREET ADDRESS <b>1429 60th Ave. W. Ste 300</b> CITY-ST-ZIP <b>Bradenton, FL 34207</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>Kennedy, Hal J</b> STREET ADDRESS <b>5711 29th Ave Dr. E</b> CITY-ST-ZIP <b>Bradenton, FL 34203</b>			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>TD</b> <input type="checkbox"/> DELETE NAME <b>Solomon, Steve</b> STREET ADDRESS <b>1429 Flamingo Blvd Ste 300</b> CITY-ST-ZIP <b>Bradenton, FL 34207</b>			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>Dorothy Foster</b> STREET ADDRESS <b>4000 20th St. W. 17R110</b> CITY-ST-ZIP <b>Bradenton, FL 34205</b>			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>George Corkwell</b> STREET ADDRESS <b>75 Eagle Circle</b> CITY-ST-ZIP <b>Ellenton, FL 34222</b>			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		
14. 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 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: <b>Dorothy Foster</b> <i>Dorothy Foster</i> <b>4/25/98</b> <b>941 755-8287</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (10/97)