

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765716 (6)

1. Corporation Name
VIETNAM VETERANS OF CENTRAL FLORIDA, INC.



Principal Place of Business Mailing Address
P. O. BOX 570946 ORLANDO FL 32857 US
P. O. BOX 570946 ORLANDO FL 32857 US

3. Date Incorporated or Qualified 11/10/1982
3a. Date of Last Report 02/07/1995

2. Principal Place of Business 21
2a. Mailing Address 26

4. FEI Number 59-2331229
Applied For Not Applicable

Suite, Apt. #, etc. 22
City & State 23

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State 23
Zip 24 Country 25

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

Zip 24 Country 25
Zip 29 Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MOSS, WALTER R
5465 CURRYFORD RD., APT. K106
ORLANDO FL 32812**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	MOSS, WALTER R
STREET ADDRESS	5465 CURRYFORD RD., APT. K106
CITY - ST - ZIP	ORLANDO FL 32812
TITLE	VD <input type="checkbox"/> DELETE
NAME	BORT, CHARLIE
STREET ADDRESS	514 MEADOWVALE DR.
CITY - ST - ZIP	ORLANDO FL 32825
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	LAIRWEE, RON
STREET ADDRESS	274 ALTAMONTE BAY CLUB
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32701
TITLE	D <input type="checkbox"/> DELETE
NAME	GOFFERY, LARRY
STREET ADDRESS	1209 WATER HICKORY CT. 440 E. 6th St.
CITY - ST - ZIP	ORLANDO FL 32815 Chuluota, FL 32766
TITLE	D <input type="checkbox"/> DELETE
NAME	MOORE, JIM
STREET ADDRESS	825 PARK MANOR DR.
CITY - ST - ZIP	ORLANDO FL 32825-6848
TITLE	BOARD MEMBER <input type="checkbox"/> DELETE
NAME	JAMES J. SENK
STREET ADDRESS	6974 POMPEII RD
CITY - ST - ZIP	ORLANDO FL 32822

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANGELA SENK
1.3 STREET ADDRESS	6974 POMPEII RD.
1.4 CITY - ST - ZIP	ORLANDO FL 32822
2.1 TITLE	Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Vick Abbott
2.3 STREET ADDRESS	440 E. 6th St.
2.4 CITY - ST - ZIP	Chuluota, FL 32766
3.1 TITLE	MEMBER OF BOARD OF DIRECTORS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FRANK MCCARTHY
3.3 STREET ADDRESS	3350 STATE ST
3.4 CITY - ST - ZIP	ORLANDO FLA 32765
4.1 TITLE	BOARD MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT FRAMPINO
4.3 STREET ADDRESS	7508 SERENO CIR
4.4 CITY - ST - ZIP	WINTER PARK FL 32790
5.1 TITLE	Board member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Pamela T. Moss
5.3 STREET ADDRESS	5465 Curryford Rd # K106
5.4 CITY - ST - ZIP	Orlando, FL 32812
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Walter R Moss 1-15-96 846-2213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)