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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 765716 (6)
1. Corporation Name
VIETNAM VETERANS OF CENTRAL FLORIDA, INC.



Principal Place of Business: P.O. BOX 570946 ORLANDO FL 32897
Mailing Address: P.O. BOX 570946 ORLANDO FL 32897-0946

3. Date Incorporated or Qualified: 11/10/1982
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business: 21 3400 N. TANNER RD., Suite, Apt. #, etc.
22 ORLANDO, FL
23 32826 ORANGE
24 32826 25 ORANGE

2a. Mailing Address: 26 3400 N. TANNER RD., Suite, Apt. #, etc.
27 ORLANDO, Florida
28 32826 Orange.
29 30

4. FEI Number: 59-2331229
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
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
5485 CURRYFORD RD., APT. K106
ORLANDO FL 32812

10. Name and Address of New Registered Agent
81 Name: Walter R Moss
82 Street Address (P.O. Box Number is Not Acceptable): 2711 Bonnieville Dr.
83
84 City: Orlando FL 85 Zip Code: 32826

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: Walter R Moss - President
Signature, typed or printed name of registered agent and title, if applicable. (NOTE) Registered Agent's signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	MOSS, WALTER R	1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 5485 CURRYFORD RD., APT. K106	ORLANDO FL 32812	1.2 NAME: Walter R Moss	
CITY-ST-ZIP: ORLANDO FL 32812		1.3 STREET ADDRESS: 2711 Bonnieville Dr.	
TITLE: VD	BORT, CHARLIE	1.4 CITY-ST-ZIP: Orlando, Fla. 32826	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: BORT, CHARLIE	RON LARRIVER	2.1 TITLE: Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 514 MEADOWVALE DR.	4388 D LK UNDERHILL RD	2.2 NAME: Ron Larriver	
CITY-ST-ZIP: ORLANDO FL 32825	ORLANDO, FL 32803	2.3 STREET ADDRESS: 4388 D LK UNDERHILL RD.	
TITLE: D	MCCARTHY, FRANK	2.4 CITY-ST-ZIP: ORLANDO, FL 32803	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MCCARTHY, FRANK		3.1 TITLE: Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 3250 STONE STREET		3.2 NAME: Daniel Czerwikski	
CITY-ST-ZIP: OVIEDO FL		3.3 STREET ADDRESS: 14030 LAKE PRICE DRIVE	
TITLE: D	GOFFERY, LARRY	3.4 CITY-ST-ZIP: ORLANDO, FL 32826	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: GOFFERY, LARRY		4.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 440 EAST 8TH STREET		4.2 NAME: Marjorie Suda	
CITY-ST-ZIP: CHULUOTE FL		4.3 STREET ADDRESS: 210 Baymeadow	
TITLE: D	MOORE, JIM	4.4 CITY-ST-ZIP: Orange, FL 32750	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: MOORE, JIM		5.1 TITLE: FINANCE COMMITTEE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 825 PARK MANOR DR.		5.2 NAME: JAMES R. MOORE JR	
CITY-ST-ZIP: ORLANDO FL 32825-6848		5.3 STREET ADDRESS: 825 PARK MANOR DR	
TITLE: BM	SENK, JAMES J	5.4 CITY-ST-ZIP: ORLANDO FL 32825	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SENK, JAMES J		6.1 TITLE: Boardmember	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 6024 POMPEII RD		6.2 NAME: William A. Givard	
CITY-ST-ZIP: ORLANDO FL 32822		6.3 STREET ADDRESS: 1093 DEFS PR,	
		6.4 CITY-ST-ZIP: OVIEDO FL 32765	

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, changed or on an attachment with an address.

SIGNATURE: Walter R Moss 1/30/97 1167941-717

CR2E037 (9/96)