

FILE NOW: FILING FEE IS \$61.25

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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765716 (6)
1. Corporation Name
VIETNAM VETERANS OF CENTRAL FLORIDA, INC.



Principal Place of Business 3400 N TANNER RD ORLANDO FL 32826 US	Mailing Address 3400 N TANNER RD ORLANDO FL 32826 US
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3. Date Incorporated or Qualified 11/10/1982		
4. FEI Number 59-2331229	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

MOSS, WALTER R 2711 BONNIEVILLE DR ORLANDO FL 32826	RON LARRIVEE 4388 D' LK UNDERHILL RD. ORLANDO, FL 32803
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10. Name and Address of New Registered Agent

81 Name RON LARRIVEE	
82 Street Address (P.O. Box Number is Not Acceptable) 4388 D' LAKE UNDERHILL ROAD.	
83	
84 City ORLANDO	85 Zip Code FL 32803

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE PD	<input type="checkbox"/> DELETE
NAME MOSS, WALTER R	
STREET ADDRESS 2711 BONNIEVILLE DR	
CITY - ST - ZIP ORLANDO FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME LARRIVEE, RON	
STREET ADDRESS 4388 D' LK UNDERHILL RD	
CITY - ST - ZIP ORLANDO FL	
TITLE TD	<input type="checkbox"/> DELETE
NAME OZERARASK, DONNA L	
STREET ADDRESS 14030 LAKE PRICE DR	
CITY - ST - ZIP ORLANDO FL	
TITLE S	<input type="checkbox"/> DELETE
NAME GUIDAK, MARJORIE	
STREET ADDRESS 210 BAYMEADOW	
CITY - ST - ZIP LONGWOOD FL	
TITLE D	<input type="checkbox"/> DELETE
NAME MOORE, JAMES R JR	
STREET ADDRESS 825 PARK MANOR DR.	
CITY - ST - ZIP ORLANDO FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GIRARD, WILLIAM	
STREET ADDRESS 1699 DEES DR	
CITY - ST - ZIP ORLANDO FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME RON LARRIVEE	
1.3 STREET ADDRESS 4388 D' LK UNDERHILL RD.	
1.4 CITY - ST - ZIP ORLANDO, FL 32803	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME GIRARD, WILLIAM	
2.3 STREET ADDRESS BEREMAN WILLIAM N. V.P. 7601 HIGH MEADOW CIR ORLANDO FL 32822	
2.4 CITY - ST - ZIP ORLANDO FL 32822	
3.1 TITLE T T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME DEGREGORY, DONNA	
3.3 STREET ADDRESS 14030 LAKE PRICE DRIVE	
3.4 CITY - ST - ZIP ORLANDO, FL 32826	
4.1 TITLE S T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME BERNHARDT MARK	
4.3 STREET ADDRESS 6477 FORECASTLE CT.	
4.4 CITY - ST - ZIP ORLANDO, FL 32807	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE V RICHARD W. LUSA V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS 3805 LK. PICKETT CT.	
6.4 CITY - ST - ZIP ORLANDO, FL 32820	

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: *[Signature]* 3/23/98 407-293-0201

CR2E037 (10/97)