


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90179 020 \*\*\*\*70.00

**DOCUMENT # 765716**

1. Entity 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**

**14004031**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

03162005 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2331229**

Applied For  
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**BORNEMANN, MICHAEL  
 1159 HIAWATHA AVE  
 ORLANDO, FL 32825**

7. Name and Address of New Registered Agent  
 Name **RICHARD W. LUSE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3805 LAKE PICKETT CT**  
 City **ORLANDO FL** Zip Code **32820**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Richard W. Luse*  
**RICHARD W. LUSE PRESIDENT** DATE **4/25/05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2005**

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

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS		
TITLE P	BORNEMANN, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1159 HIAWATHA AVE ORLANDO, FL 32825	
TITLE VP	LUSE, RICHARD W	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3805 LAKE PICKETT CT ORLANDO, FL 32820	
TITLE VP	LYONS, PATRICK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1430 N. INDIANA ST SANFORD, FL 32771	
TITLE T	TOMLINSON, GEORGETTE	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	1159 HIAWATHA AVENUE ORLANDO, FL 32825	
TITLE T	LUSE, ANITA J	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	3805 LAKE PICKETT COURT ORLANDO, FL 32820	
TITLE		<input type="checkbox"/> Delete
NAME STREET ADDRESS CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PRESIDENT	RICHARD W. LUSE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3805 LAKE PICKETT CT ORLANDO, FL 32820	
TITLE V PRESIDENT	HOWARD THIELE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	948 A E. MICHIGAN ST ORLANDO, FL 32806	
TITLE V PRESIDENT	DENNIS MCKENZIE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	3642 FOX CROFT CIRCLE ORLANDO, FL 32765	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STREET ADDRESS CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anita J. Luse*  
**ANITA J. LUSE** DATE **4/25/05** DAYTIME PHONE # **407-568-4711**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR