


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90139 003 ****61.25

DOCUMENT # 765716

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



Principal Place of Business Mailing Address


**3400 N TANNER RD
ORLANDO FL 32826
US** **3400 N TANNER RD
ORLANDO FL 32826
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2331229** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LUSE, RICHARD W
3400 NORTH TANNER ROAD
ORLANDO FL 32826**

7. Name and Address of New Registered Agent

Name **JOHN BARRETT**

Street Address (P.O. Box Number is Not Acceptable)
8283 E. COLONIAL ST

City **ORLANDO, FL 32817** FL Zip Code

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 **John Barrett** DATE **4/9/03**

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

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	LUSE, RICHARD W	
STREET ADDRESS	3805 LAKE PICKETT COURT	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	GRIMES, RICHARD	
STREET ADDRESS	2890 ROCKINGHAM CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	<input type="checkbox"/> Delete
NAME	BORNEMANN, MICHAEL	
STREET ADDRESS	1159 HIAWATHA AVE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	TOMLINSON, GEORGETTE	
STREET ADDRESS	1159 HIAWATHA AVENUE	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	T	<input type="checkbox"/> Delete
NAME	LUSE, ANITA J	
STREET ADDRESS	3805 LAKE PICKETT COURT	
CITY-ST-ZIP	ORLANDO FL 32820	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LUSA, RICHARD	
STREET ADDRESS	3805 LK PICKETT CT	
CITY-ST-ZIP	ORLANDO FL 32820	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN BARRETT	
STREET ADDRESS	8283 E. COLONIAL DR	
CITY-ST-ZIP	ORLANDO FL 32817	
TITLE	V PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES MARTINA	
STREET ADDRESS	2729 10th ST	
CITY-ST-ZIP	ORLANDO, FL 32820-1813	
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		
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 officers empowered.

SIGNATURE: **Anita J. Luse** DATE: **4/9/03** PHONE: **407-273-0201**

CR2E037 (10/02)