

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 26 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 # N00986 (2)
1. Corporation Name
VIETNAM VETERANS OF FLORIDA, INC.

Principal Place of Business 630 Janice Court Merritt Island, FL 32952-5840	Mailing Address same
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3. Date Incorporated or Qualified
01/18/1984

4. FEI Number 59-2728666	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**Holder, Dean
1861 Stanford Road
Jacksonville, FL 32207**

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 checked="" type="checkbox"/> DELETE
NAME	Franks, Joe	
STREET ADDRESS	301 Apollo Drive	
CITY-ST-ZIP	Satellite Beach, FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	Heath, Elizabeth	
STREET ADDRESS	4265 S. Peninsula Ave	
CITY-ST-ZIP	Daytona Beach, FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	Holden, Dean	
STREET ADDRESS	1861 Stanford Road	
CITY-ST-ZIP	Jacksonville, FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	Doak, Daniel	
STREET ADDRESS	694 Grove Ave	
CITY-ST-ZIP	Holly Hill, FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	Barry, Edward	
STREET ADDRESS	5185 Atlantic View	
CITY-ST-ZIP	St. Augustine, FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	Cartledge, Tony	
STREET ADDRESS	5555 Francis Pipkin Rd.	
CITY-ST-ZIP	Lakeland, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Baker, Ken	
13 STREET ADDRESS	1509 Tate St.	
14 CITY-ST-ZIP	Cocoa, FL 32922	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Baker, Patl	
2.3 STREET ADDRESS	1509 Tate St.	
2.4 CITY-ST-ZIP	Cocoa, FL 32922	
3.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Earrusso, Ralph	
3.3 STREET ADDRESS	4905 Secluded Way	
3.4 CITY-ST-ZIP	Merritt Island, FL 32953	
4.1 TITLE	2VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Minor, Mike	
4.3 STREET ADDRESS	8173 Sutton Place	
4.4 CITY-ST-ZIP	Jacksonville, FL 32217	
5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Ronk, Ron	
5.3 STREET ADDRESS	630 Janice Court	
5.4 CITY-ST-ZIP	Merritt Island, FL 32952	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	700002470057	
6.4 CITY-ST-ZIP	-03/27/98--01008--014	
	***61.25	

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: **Ron Ronk** *Ron Ronk* 3-20-98 (407) 452-7471

CR2E037 (10/97)