

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00986

FILED
Jan 19, 2007
Secretary of State

Entity Name: VIETNAM AND ALL VETERANS OF FLORIDA INC

Current Principal Place of Business:

4905 SECLUDED WAY
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

Current Mailing Address:

4905 SECLUDED WAY
MERRITT ISLAND, FL 32953 US

New Mailing Address:

FEI Number: 59-2748666 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EARRUSSO, RALPH
4905 SECLUDED WAY
MERRITT ISLAND, FL 32953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PPD () Delete
Name: CARTLIDGE, TONY
Address: 21 SHOELINE DR
City-St-Zip: OCHOCKONEE, FL 32346

Title: SD () Delete
Name: BAKER, KEN
Address: 1509 TATE ST
City-St-Zip: COCOA, FL 32922 US

Title: VPD () Delete
Name: WASSNER, DON
Address: 1226 WING ROAD SW
City-St-Zip: PALM BAY, FL 32908

Title: 2VPD () Delete
Name: NEITZEL, BOB
Address: 2304 WOODLAND DRIVE
City-St-Zip: EDGEWATER, FL 32141 US

Title: TD () Delete
Name: EARRUSSO, JACQUE
Address: 4905 SECLUDED WAY
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PPD (X) Change () Addition
Name: CARTLIDGE, TONY
Address: 21 SHORELINE DR
City-St-Zip: OCHOCKONEE, FL 32346

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: WASSMER, DON
Address: 1226 WING ROAD SW
City-St-Zip: PALM BAY, FL 32908

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD () Change (X) Addition
Name: EARRUSSO, RALPH
Address: 4905 SECLUDED WAY
City-St-Zip: MERRITT ISLAND, FL 32953

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN BAKER

SD

01/19/2007

Electronic Signature of Signing Officer or Director

_____ Date