


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90023 009 \*\*\*\*61.25

**DOCUMENT # N00986**  
 1. Entity Name  
**VIETNAM AND ALL VETERANS OF FLORIDA INC**



Principal Place of Business      Mailing Address  
**4905 SECLUDED WAY**      **4905 SECLUDED WAY**  
**MERRITT ISLAND FL 32953**      **MERRITT ISLAND FL 32953**  
**US**      **US**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/07)

City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2748666**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**  
**EARRUSSO, RALPH**  
**4905 SECLUDED WAY**  
**MERRITT ISLAND FL 32953**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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	PPD	<input checked="" type="checkbox"/> Delete
NAME	CARTLIDGE, TONY	
STREET ADDRESS	21 SHORELINE DR	
CITY-ST-ZIP	OCHOCKONEE FL 32346	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAKER, KEN	
STREET ADDRESS	1509 TATE ST	
CITY-ST-ZIP	COCOA FL 32922	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WASSMER, DON	
STREET ADDRESS	1226 WING ROAD SW	
CITY-ST-ZIP	PALM BAY FL 32908	
TITLE	2VPD	<input checked="" type="checkbox"/> Delete
NAME	NEITZEL, BOB	
STREET ADDRESS	2304 WOODLAND DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	TD	<input type="checkbox"/> Delete
NAME	EARRUSSO, JACQUE	
STREET ADDRESS	4905 SECLUDED WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	EARRUSSO, RALPH	
STREET ADDRESS	4905 SECLUDED WAY	
CITY-ST-ZIP	MERRITT ISLAND FL 32953	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ralph Earrusso	
STREET ADDRESS	4905 Secluded Way	
CITY-ST-ZIP	Merritt Island, FL 32953	
TITLE	SO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Denise Wassmer	
STREET ADDRESS	1226 Wing Road SW	
CITY-ST-ZIP	Palm Bay, FL 32908	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bob Neitzel	
STREET ADDRESS	2304 Woodland Drive	
CITY-ST-ZIP	Edgewater, FL 32141	
TITLE	2 VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Doc Williams	
STREET ADDRESS	3098 Glodenview Lane	
CITY-ST-ZIP	Orlando, FL 32812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don Wassmer	
STREET ADDRESS	1226 Wing Road SW	
CITY-ST-ZIP	Palm Bay, FL 32908	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:** Jacque Earrusso DT Jacque Earrusso 3/3/08 321-453-7498