## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## Mar 06, 2006 8:00 am DOCUMENT # N01000000603 **Secretary of State** 03-06-2006 90033 010 \*\*\*\*70.00 VIETNAM VETS M/C USA CHAPTER "V" INC. Mailing Address Precipal Place of Business 1516 SW DEL RIO BLVD PT ST LUCIE FL 34953 1516 SW DEL RIO BLVD PT ST LUCIE FL 34953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/05) 1st MOORE City & State 4. FEI Number Applied For City & State 27-0004311 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAHLMAN, CHARLES Street Address (P.O. Box Number is Not Acceptable) 1516 SW DEL RIO BLVD PT ST LUCIE FL 34953 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 DATE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when roinstating) FILE NOW: FEE IS \$61.25 \$5.00 May Be 9. Election Campaign Financing Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10 11. Change ☐ Delete niu Aridition THEE DAHLMAN, CHARLES NAME. NAME STREET ADDRESS 1516 SW DEL RIO BLVD STREET ADDRESS PT ST LUCIE FL 34953 CITY-\$1-2IP CITY-ST-7IP Art Ventre 15314 W. Tranguility Late Dr. Delray, FIA 33446 Delete THE MOONEY, MICHAEL E NAME NAME 10825 SW GREENRIDGE DR STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CHY-\$1-ZIP CITY-ST-ZIP Change Addition Terry Weidner Box 15738 PO BOX 15738 West Palm Bch, FLA 33416. TITLE ☐ Delete TITLE WEIDNER, TERRY NAME NAME STREET ADDRESS STREET ADDRESS 1754 SW CALIEORNIA PORT SAINT LUCIE FL 34953 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition Nelson Cole 5826 mustany Circle NAME NAME STREET ADDRESS STREET ADDRESS Port Saint Lucie, FL 34987 CITY-ST-ZIP CITY-SI-ZIP ☐ Defete . TITLE TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-7IP

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 of the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter is a state of the corporation of the corporation of the corporation of the corporation of the receiver or trusted with all they file appears of the corporation of the corporation of the corporation of the corporation of the receiver of trusted with all they file appears of the corporation of the corporation of the corporation of the receiver of trusted and the corporation of the corporation of the receiver of trusted and the corporation of the corporation of the receiver of trusted and the corporation of the corporation of the receiver of trusted and the corporation of the receiver of trusted and the corporation of the receiver of trusted and the corporation of the corporation of the receiver of trusted and the receiver of t

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