2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000000603

1. Entity Name

VIETNAM VETS M/C USA CHAPTER "V" INC.

Principal Place of Business	Mailing Address
1516 SW DEL RIO BLVD PT ST LUCIE FL 34953	1516 SW DEL RIO BLVD PT ST LUCIE FL 34953

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 27-0004311 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DAHLMAN, CHARLES
1516 SW DEL RIO BLVD
PT ST LUCIE FL 34953

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

send cert. of status to:
Vietnam Vets M/C USA
PO Box 9512
Port St Lucie, Fla 34985.

8. The above named entity, subm… the obligations of registe… d office or registered agent, or both, in the State of Florida. I am familiar with, and accept

SIGNATURE _____ DATE
Signature, typed or p… (Agent signature required when reinstating)

FILE NOW: F… Due By Ma… …cing ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DAHLMAN, CHA… 1516 SW DEL RI… PT ST LUCIE FL …		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENTRE, ART 15314 W. TRANQU… DELRAY BEACH FL	CITY-ST-ZIP	U00000649487 03/07/07-80051-008 70.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEIDNER, TERRY PO BOX 15738 WEST PALM BEACH FL 33416	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLE, NELSON 5826 MUSTANG CIR PORT SAINT LUCIE FL 34987	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Change ☐ Addition

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: ✓ 2/20/07 7287999 54