## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N0100000603

FILED Apr 14, 2009 Secretary of State

Entity Name: VIETNAM VETS M/C USA CHAPTER "V" INC.

Current Principal Place of Business: New Principal Place of Business:

1516 SW DEL RIO BLVD 135 SW FELIX AVE PT ST LUCIE, FL 34953 PT ST LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

1516 SW DEL RIO BLVD 135 SW FELIX AVE PT ST LUCIE, FL 34953 PT ST LUCIE, FL 34953

FEI Number: 27-0004311 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAHLMAN, CHARLES
1516 SW DEL RIO BLVD
PT ST LUCIE, FL 34953
US
REYNOLDS, CRAIG
135 SW FELIX AVE
PT ST LUCIE, FL 34953
US

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: CRAIG REYNOLDS 04/14/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: DAHLMAN, CHARLES Name: REYNOLDS, CRAIG

 Address:
 1516 SW DEL RIO BLVD
 Address:
 135 SW FELIX AVE

 City-St-Zip:
 PT ST LUCIE, FL 34953
 City-St-Zip:
 PT ST LUCIE, FL 34953

Title: D ( ) Delete Title: O (X) Change ( ) Addition

 Name:
 VENTRE, ART
 Name:
 COLE, NELSON

 Address:
 15314 W. TRANQUILITY LAKE DR
 Address:
 5826 MUSTANG CIRCLE

 City-St-Zip:
 DELRAY BEACH, FL 33446
 City-St-Zip:
 FORT PIERCE, FL 34988

Title: D ( ) Delete Title: O (X) Change ( ) Addition Name: WEIDNER, TERRY Name: SULIVAN, JERRY

Address: PO BOX 15738 Address: 1026 INDIAN RIVER DRIVE #22

City-St-Zip: WEST PALM BEACH, FL 33416 City-St-Zip: SEBASTIAN, FL 32958

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 COLE, NELSON
 Name:

 Address:
 5826 MUSTANG CIR
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34987
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: CRAIG REYNOLDS D 04/14/2009