

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90238 022 ****61.25

DOCUMENT # N01000006074

1. Entity Name

VIETNAM VETERANS OF SOUTH FLORIDA, INC.



Principal Place of Business

552 SE VOLKERTS
PORT ST LUCIE FL 34983

Mailing Address

552 SE VOLKERTS
PORT ST LUCIE FL 34983

2. Principal Place of Business

449 S.E. EVERGREEN TR

3. Mailing Address

449 S.E. EVERGREEN TR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

PORT ST. LUCIE FL.

City & State

PORT ST. LUCIE FL.

4. FEI Number

65-1141949

Applied For

Not Applicable

Zip

34983

Country

U.S.A.

Zip

34983

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FLETT, THOMAS
552 SE VOLKERTS
PORT ST LUCIE FL 34983

7. Name and Address of New Registered Agent

Name: THOMAS FLETT
Street Address (P.O. Box Number is Not Acceptable):
449 S.E. EVERGREEN TR.
PORT ST. LUCIE FL 34983

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	BURTON, THOMAS	
STREET ADDRESS	12825 S. INDIAN RIVER DRIVE	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLETT, THOMAS	
STREET ADDRESS	552 SE VOLKERTS TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	STIRLING, MICHAEL	
STREET ADDRESS	6406 SE CIRCLE STREET	
CITY-ST-ZIP	HOBE SOUND FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, THOMAS	
STREET ADDRESS	MEDIA WAY	
CITY-ST-ZIP	JENSEN BEACH FL. 34957	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLETT, THOMAS	
STREET ADDRESS	449 S.E. EVERGREEN TR.	
CITY-ST-ZIP	PORT ST LUCIE FL. 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Michael P. Stirling 04/26/04 283-1307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #