

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N01641** (2)

1. Corporation Name

SUNCOAST VIETNAM VETERANS OF PINELLAS COUNTY, IN

C. SUNCOAST VIETNAM VETERANS ASSOCIATION, INC.



Principal Place of Business

2840 W BAY DR
BELLEAIR BLUFFS FL 34640
US

Mailing Address

2840 W BAY DR 319
BELLEAIR BLUFFS FL 34640
US

3. Date Incorporated or Qualified
02/24/1984

3a. Date of Last Report
07/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2950208

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

23

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RUHLOW, RAYMOND W
1300 S EVERGREEN AVE
CLEARWATER FL 3466**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Raymond W. Ruhlow, Acting Quartermaster Raymond W. Ruhlow

02/03/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GIRONARD, LYLE	
STREET ADDRESS	12422 RIDGE RD	
CITY-ST-ZIP	LARGO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	OTT, JOHN	
STREET ADDRESS	2504 GULF BKVD 201	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL	
TITLE	QM	<input type="checkbox"/> DELETE
NAME	RUHLOW, RAYMOND	
STREET ADDRESS	1300 S EVERGREEN AVE	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VITEL, MIKE	
STREET ADDRESS	5569 56TH WAY N	
CITY-ST-ZIP	KENNETH CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESTELL, WILLIAM	
STREET ADDRESS	5416 83RD WAY N	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SWIFT, RUSSELL	
STREET ADDRESS	1309 LAKEVIEW RD	
CITY-ST-ZIP	CLEARWATER FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VITEL, MICHAEL	
1.3 STREET ADDRESS	5569 56th WAY N.	
1.4 CITY-ST-ZIP	KENNETH CITY, FL. 33709	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RUHLOW, RAYMOND	
2.3 STREET ADDRESS	1300 S. EVERGREEN AVE.	
2.4 CITY-ST-ZIP	CLEARWATER, FL. 34616	
3.1 TITLE	ACTING QM	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GIROUARD, LYLE	
4.3 STREET ADDRESS	12422 RIDGE RD	
4.4 CITY-ST-ZIP	LARGO, FL 34648	
5.1 TITLE	000001747250	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/18/96--01077--002	
5.3 STREET ADDRESS	***61.25	
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHNEIDER, NICK	
6.3 STREET ADDRESS	4909 PRESIDENTIAL ST.	
6.4 CITY-ST-ZIP	SEFFNER, FL 33584	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Raymond W. Ruhlow* *Raymond W. Ruhlow* 02/03/96 813-443-2343

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

CR2E037 (12/95)