

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91033 049 \*\*\*\*61.25

**DOCUMENT # N01641**

1. Entity Name  
**SUNCOAST VIETNAM VETERANS OF PINELLAS  
COUNTY, INC.**



Principal Place of Business  
**2840 W BAY DR  
319  
BELLEAIR BLUFFS, FL 33770-2620 US**

Mailing Address  
**2840 W BAY DR  
SUITE 319  
BELLEAIR BLUFFS, FL 33770-2620 US**



2. Principal Place of Business  
**10997 TRAD AVE N.**

Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 428**

Suite, Apt. #, etc.

04212004 Chg-NP CR2E037 (10/03)

City & State  
**SEMINOLE, FL**

Zip  
**33781**

Country  
**USA**

City & State  
**BAY PINES, FL**

Zip  
**33744**

Country  
**USA**

4. FEI Number  
**59-2950208**

Applied For  
☐ Not Applicable

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

## 6. Name and Address of Current Registered Agent

**WATSON, WAYNE  
10048 NASSAU CT  
SEMINOLE, FL 33776**

## 7. Name and Address of New Registered Agent

Name **JOHN L. OTT JR.**  
Street Address (P.O. Box Number is Not Acceptable)

**2504 GULF BLVD #201**

City **INDIAN ROCKS BEACH FL** Zip Code **33785**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/22/04**

**Filing 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	WATSON, WAYNE	
STREET ADDRESS	10048 NASSAU COURT	
CITY-ST-ZIP	SEMINOLE, FL 33776	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VITEL, MIKE	
STREET ADDRESS	5569 56TH WAY BN	
CITY-ST-ZIP	KENNETH CITY, FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESTELL, BILL	
STREET ADDRESS	5416 63RD WAY N	
CITY-ST-ZIP	ST PETERSBURG, FL 33709	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	OTT, JOHN.	
STREET ADDRESS	2504 GULF BLVD #201	
CITY-ST-ZIP	INDIAN ROCKS BEACH, FL 33785	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALDEZ, DAVID	
STREET ADDRESS	2743 EDWARDS AVE. S	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33705	
TITLE	PD.	<input type="checkbox"/> Delete
NAME	CHILDRESS, EUGENE	
STREET ADDRESS	3403 WEST HAWTHORNE	
CITY-ST-ZIP	TAMPA, FL 33611	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" 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		
TITLE	PD	<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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/22/04 27-299-3301**