

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000008120

1. Entity Name

VIETNAM VETERANS SUPPORT FORCE 2000, INC.



Principal Place of Business
**1970 OSCEOLA PARKWAY #2000
KISSIMMEE FL 34743**

Mailing Address
**1970 OSCEOLA PARKWAY #2000
KISSIMMEE FL 34743**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-3613086

Applied For

Not Applied

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, ROBERT S ESQ.
441 WEST VINE STREET
KISSIMMEE FL 34741**

Name

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

City

FL

Zip Code

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 certifying)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EGERTON, JOHN A**
CITY-ST-ZIP **1970 OSCEOLA PARKWAY #2000
KISSIMMEE FL 34743**

TITLE ☐ Change ☐ Add
NAME **U00000500372**
STREET ADDRESS **04/25/06-80043-005 70.00**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MA, ROBERT**
CITY-ST-ZIP **1970 OSCEOLA PARKWAY #2000
KISSIMMEE FL 34743**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **EGERTON, ALICE E**
CITY-ST-ZIP **1970 OSCEOLA PARKWAY #2000
KISSIMMEE FL 34743**

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

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

John A. Egerton Pres

4-1-06

321-443-5645