

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

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90002 018 ****61.25

DOCUMENT # N02000009524

1. Entity Name

VIETNAM VETERANS OF AMERICA, CHAPTER #916, INC.



Principal Place of Business

**448 CAROLYN ST
SMYRNA BEACH FL 32168**

Mailing Address

**448 CAROLYN ST
SMYRNA BEACH FL 32168**

54056934



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

33-1035498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROBINSON, WILLIAM E
448 CAROLYN ST
SMYRNA BEACH FL 32168**

7. Name and Address of New Registered Agent

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 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	STAYAITIS, FRANK A	
STREET ADDRESS	3120 UNITY TREE DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	D	<input type="checkbox"/> Delete
NAME	NORDHEIM, KEN JR	
STREET ADDRESS	P.O. BOX 1048	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	D	<input type="checkbox"/> Delete
NAME	CARTER, EDWARD	
STREET ADDRESS	2320 ORANGE TR DR	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HALLIGAN, ED	
STREET ADDRESS	823 LEMON RD	
CITY-ST-ZIP	DAYTONA BEACH FL 32119	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORGAN, MARY	
STREET ADDRESS	2430 INDIA PALM	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, WILLIAM	
STREET ADDRESS	601 FLAGLER AVE	
CITY-ST-ZIP	EDGEWATER FL 32132	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARRY L STOWE	
STREET ADDRESS	448 CAROLYN ST	
CITY-ST-ZIP	NEW SMYRNA BEACH FL 32168	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACK C HALLIGAN	
STREET ADDRESS	2924 ORANGE TREE DR	
CITY-ST-ZIP	EDGEWATER FLA 32141	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLTON A MILLER	
STREET ADDRESS	1708 PERSIMMON CIRCLE	
CITY-ST-ZIP	EDGEWATER FLA 32132	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MODNEY M. TABOA	
STREET ADDRESS	PO BOX 14	
CITY-ST-ZIP	NEW SMYRNA BEACH FLA 32170	
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/2/04

386-426-0416