2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2003 8:00 am
Secretary of State
06-05-2003 90125 031 ****61.25

DOCUMENT # N02000009524

1. Entity Name
VIETNAM VETERANS OF AMERICA, CHAPTER #916, INC.

55050882

[redacted]

☑ CHECK HERE IF MAKING CHANGES

Principal Place of Business	Mailing Address
448 CAROLYN ST SMYRNA BEACH FL 32168	448 CAROLYN ST SMYRNA BEACH FL 32168

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	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 William E Robinson
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

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 T NAME STREET ADDRESS CITY-ST-ZIP	F HALLIGAN, JACK 2924 ORANGE TR EDGEWATER FL 32141	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	FRANK A. STAMATIS 3120 UNITY TREE DR EDGEWATER FLA 32141	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NORDHEIM, KEN JR P.O. BOX 1048 NEW SMYRNA BEACH FL 32168	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	DAVID VARGOS ORMAND BEACH FLA	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, EDWARD 2320 ORANGE TR DR EDGEWATER FL 32141	☐ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	BARRY STOWE 448 CAROLYN ST. NEW SMYRNA BEACH FL 32168	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOHM, MARC 3220 VISTA PALM DR EDGEWATER FL 32141	☒ Delete	TITLE VP NAME STREET ADDRESS CITY-ST-ZIP	ED HALLIGAN 823 LEMON RD S DAYTONA FL 32119	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORGAN, MARY 2430 INDIA PALM EDGEWATER FL 32141	☐ Delete	TITLE S NAME STREET ADDRESS CITY-ST-ZIP	PAUL CLARK 2936 BOOKWITH ST. DAYTONA FL 32738	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBINSON, WILLIAM 601 FLAGLER AVE EDGEWATER FL 32132	☐ Delete	TITLE T NAME STREET ADDRESS CITY-ST-ZIP	JACK C HALLIGAN 2924 ORANGE TREE DR EDGEWATER FL 32141	☒ Change ☐ Addition

CR2E037 (10/02)

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: William E Robinson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #