

FILE NOW: FILING FEE IS \$61.25

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Jan 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02508** (2)

1. Corporation Name

VIETNAM VETERAN'S OF NORTH FLORIDA, INC.



Principal Place of Business 7547 OLD PLANK RD JACKSONVILLE FL 32220	Mailing Address 8173 SUTTON PLACE N JACKSONVILLE FL 32257 US
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3. Date Incorporated or Qualified

04/12/1984

4. FEI Number

06-9389509

Applied For

Not Applicable

2. Principal Place of Business 21 10720 Luana Dr. Suite, Apt. #, etc. 22 Jacksonville, Florida City & State 23 32246 USA Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 32257 US
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5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent STEVENS, GURU 217 BERNARD STREET JACKSONVILLE FL 32210	
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10. Name and Address of New Registered Agent	
81 Name	Minor, Michael
82 Street Address (P.O. Box Number is Not Acceptable)	10720 Luana Dr. N.
83	Jacksonville,
84 City	FL
85 Zip Code	32246

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  **MICHAEL MINOR Adm. Coor.** 1-6-98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ADMD	1.1 TITLE	Admd.
NAME	STEVENS, GURU	1.2 NAME	Minor, Michael
STREET ADDRESS	217 BERNARD ST.	1.3 STREET ADDRESS	10720 Luana Dr. N.
CITY-ST-ZIP	JACKSONVILLE FL	1.4 CITY-ST-ZIP	Jacksonville, Florida 32246
TITLE	OC	2.1 TITLE	
NAME	BLACKMAN, CLARK	2.2 NAME	
STREET ADDRESS	P.O. BOX 226491	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	HINDAL, M.D.	3.2 NAME	
STREET ADDRESS	8173 SUTTON PLACE N.	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	See
NAME	MINOR, MICHAEL	4.2 NAME	Marilyn K. Minor
STREET ADDRESS	10720 LUANA DRIVE N.	4.3 STREET ADDRESS	10720 Luana Dr. N.
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Jacksonville, Florida 32246
TITLE	D	5.1 TITLE	D
NAME	WILDER, WILLIAM	5.2 NAME	Jerry Gurka
STREET ADDRESS	7547 OLD PLANK RD.	5.3 STREET ADDRESS	3816 Tree Lake Dr.
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Jacksonville, Florida 32257
TITLE	D	6.1 TITLE	D
NAME	MILEMORE, MIKE	6.2 NAME	Roger Wallace
STREET ADDRESS	4606 PALMER AVE.	6.3 STREET ADDRESS	718 Stanwick Rd.
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	Jacksonville, Florida 32208

14. 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 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:  **MICHAEL MINOR** 1-6-98 904-642-0216
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005594