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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02508

1. Corporation Name

VIETNAM VETERAN'S OF NORTH FLORIDA, INC.

Principal Place of Business

10720 LUANA DR.
JACKSONVILLE FL 32246
US

Mailing Address

8173 SUTTON PLACE N
JACKSONVILLE FL 32257
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

04/12/1984

4. FEI Number

06-9389509

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MINOR, MICHAEL
10720 LUANA DR. N
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ADMD ☐ DELETE
NAME MINOR, MICHAEL
STREET ADDRESS 10720 LUANA DR. N
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE OCD ☐ DELETE
NAME BLACKMAN, CLARK
STREET ADDRESS P.O. BOX 226491
CITY-ST-ZIP JACKSONVILLE FL

TITLE TD ☐ DELETE
NAME HINDAL, M.D.
STREET ADDRESS 8173 SUTTON PLACE N.
CITY-ST-ZIP JACKSONVILLE FL

TITLE S ☐ DELETE
NAME MINOR, MARILY K
STREET ADDRESS 10720 LUANA DRIVE N.
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D ☐ DELETE
NAME GURKA, JERRY
STREET ADDRESS 3816 TREE LAKE DR.
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE D ☐ DELETE
NAME WALALCE, ROGER
STREET ADDRESS 718 STANWICK RD
CITY-ST-ZIP JACKSONVILLE FL 32208

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 JAN 1999

Date

904 642 0216

Daytime Phone #

CR2E037 (1/98)