

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90374 018 ****61.25

DOCUMENT # N03000005818

1. Entity Name
VIETNAM VETERANS OF VOLUSIA COUNTY, INC.



Principal Place of Business
2729 KUMQUAT DR
EDGEWATER, FL 32141 US

Mailing Address
2729 KUMQUAT DR
EDGEWATER, FL 32141 US

44044483



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04082004 Chg-NP CR2E037 (10/03)

4. FEI Number

27-0068204

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

INGRAM, THOMAS M
2729 KUMQUAT DR
EDGEWATER, FL 32141

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

**Filing 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 P
NAME SULLIVAN, ARTHUR
STREET ADDRESS 1425 QUEEN PALM DRIVE
CITY-ST-ZIP EDGEWATER, FL 32132 ☐ Delete

TITLE VP
NAME INGRAM, THOMAS M
STREET ADDRESS 2729 KUMQUAT DRIVE
CITY-ST-ZIP EDGEWATER, FL 32141 ☐ Delete

TITLE VP
NAME HOWELL, STEVE
STREET ADDRESS 849 NO. ATMORE CIR.
CITY-ST-ZIP DELTONA, FL 32725 ☐ Delete

TITLE T
NAME ZILLNER, JOE
STREET ADDRESS 302 DEBARY DR.
CITY-ST-ZIP DEBARY, FL 32713 ☒ Delete

TITLE S
NAME MORFORD, WANDA
STREET ADDRESS 1448 PRIMROSE LANE
CITY-ST-ZIP HOLLY HILL, FL 32117 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE UP
NAME Howell Steven
STREET ADDRESS 849 N. ATMORE CIR
CITY-ST-ZIP DELTONA FL 32725 ☒ Change ☒ Addition

TITLE UP
NAME INGRAM THOMAS M.
STREET ADDRESS 2729 KUMQUAT DRIVE
CITY-ST-ZIP EDGEWATER FL 32141 ☒ Change ☒ Addition

TITLE T
NAME STANLEY D STONE
STREET ADDRESS 1425 HOLIFAX AVE UNIT 304
CITY-ST-ZIP DELTONA FL 32718 ☒ Change ☒ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/04

826-263-2746