

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 02, 2005 8:00 am**  
**Secretary of State**

08-02-2005 90036 008 \*\*\*\*70.00



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



2. Principal Place of Business

3. Mailing Address

VIETNAM VETERANS OF VA, CO. INC

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1425 QUEEN PALM DR

1st MOORE

CR2E037 (10/04)

City & State

City & State

EDGEWATER FLA

4. FEI Number

27-0068204

Applied For

Not Applicable

Zip

Country

Zip

Country

32132

VOLUSIA

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

INGRAM, THOMAS M  
2729 KUMQUAT DR  
EDGEWATER FL 32141

Name

ARTHUR SULLIVAN

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

1425 QUEEN PALM DR

City

EDGEWATER

FL

Zip Code

32132

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

*Arthur Sullivan*

ARTHUR SULLIVAN

JULY 27 2005

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, 2005

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	<input checked="" type="checkbox"/> Delete
NAME	SULLIVAN, ARTHUR	
STREET ADDRESS	1425 QUEEN PALM DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32132	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	INGRAM, THOMAS M	
STREET ADDRESS	2729 KUMQUAT DRIVE	
CITY-ST-ZIP	EDGEWATER FL 32141	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HOWELL, STEVE	
STREET ADDRESS	849 NO. ATMORE CIR.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	LEADSHORE, STAN	
STREET ADDRESS	141 N. HALIPAX AVE UNIT 304	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MORFORD, WANDA	
STREET ADDRESS	1448 PRIMROSE LANE	
CITY-ST-ZIP	HOLLY HILL FL 32117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMORE STANLEY	
STREET ADDRESS	145 N. HALIFAX AVE UNIT 304	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZILLNER JOE	
STREET ADDRESS	302 DE BARY DR	
CITY-ST-ZIP	DE BARY FLA 32713	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARTHUR SULLIVAN ARTHUR	
STREET ADDRESS	1425 QUEEN PALM DR	
CITY-ST-ZIP	EDGEWATER FLA 32132	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INGRAM, THOMAS M	
STREET ADDRESS	2729 KUMQUAT DR	
CITY-ST-ZIP	EDGEWATER FLA 32141	
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 all other like empowered.

SIGNATURE:

ARTHUR SULLIVAN *Arthur Sullivan*

7/27/05

386 427 5108

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #