

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005818

FILED
Jul 04, 2007
Secretary of State

Entity Name: VIETNAM VETERANS OF VOLUSIA COUNTY, INC.

Current Principal Place of Business:

1425 QUEEN PALM DRIVE
EDGEWATER, FL 32132 US

New Principal Place of Business:

Current Mailing Address:

1425 QUEEN PALM DR
EDGEWATER, FL 32132 US

New Mailing Address:

FEI Number: 27-0068204 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SULLIVAN, ARTHUR
1425 QUEEN PALM DR
EDGEWATER, FL 32132 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SHORE, STANELY
Address: 145 N HALIFAX AVE , UNIT 304
City-St-Zip: DAYTONA BEACH, FL 32118

Title: S () Delete
Name: PICARD, SHERRI
Address: 145 N HALIFAX AVE, UNIT 110
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T () Delete
Name: SULLIVAN, ARTHUR
Address: 1425 QUEEN PALM DR
City-St-Zip: EDGEWATER, FL 32132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: RUSSEL, JAMES
Address: 206 CATALONIA AVE.
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: S (X) Change () Addition
Name: RUSSEL, JAMES
Address: 206 CATALONIA AVE.
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARTHUR SULLIVAN

PRES

07/04/2007

Electronic Signature of Signing Officer or Director

Date