2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

May 10, 2006 8:00 am Secretary of State DOCUMENT # N03000009498 1. Entity Name 05-10-2006 90092 032 ****61.25 VETERANS OF VIETNAM WAR, INC. FL 12 Principal Place of Business Mailing Address 675 TRINIDAD CT WINTER PARK FL 32792 675 TRINIDAD CT WINTER PARK FL 32792 FURNWOOD 2. Principal Place of Business 3. Mailing Address 3059-D Whanpen hake have Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) FORN City & State City & State Applied For 4. FEI Number 35-2213454 F(J. Wroc Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32730 32792 IRANGE eminolo Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to 331 \$5.00 May Be Trust Fund Contribution. 🔑 Due By May 1, 2006 🐈 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. PD TITLE Delete TITLE President Addition ALFRED E WILSON WILSON, ALFRED NAME NAME 3059 - D Wharsper HARe LN 625 TRINIDAD CT STREET ADDRESS STREET ADDRESS WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL TITLE Delete TITLE ☐ Change ☐ Addition ERICKSON, MIKE NAME NAME 1521 ASBURY AVENUE STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME WILSON, JOYCE NAME STREET ADDRESS 1521 ASBURY AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP TITLE TD Delete TITLE ☐ Change ☐ Addition GARDENER, GREG NAME NAME STREET ADDRESS 1521 ASBURY AVENUE STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 CITY-ST-ZIP DMARK KEELER TITLE Delete TITLE Addition KEELER, MARK *\$*553 BARTON DR NAME NAME 1521 ASBURY AVENUE 32807 STREET ADDRESS STREET ADDRESS ORLANDO FL 32803 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE JAMES SINTLA 5559 BARTONDE TITLE ☐ Change Addition A

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

NAME

STREET ADDRESS

CITY_ST_7IP

SIGNATURE:

MEAD, JOSEPH

1521 ASBURY AVENUE

ORLANDO FL 32803

NAME

STREET ADDRESS

CITY-ST-72P

JAN-29-2006 407-671-4539

DRLANDO FI 32807

FILED