


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90406 003 ****70.00

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|--|---------------------------------|--|--|--|--|
| DOCUMENT # N04000010146 1. Entity Name VIETNAM VETERANS OF AMERICA, CHAPTER #943, INC. | | | |  | |
| Principal Place of Business 129 6TH ST. SOUTH ST. PETERSBURG, FL 33701 | | | Mailing Address 129 6TH ST. SOUTH ST. PETERSBURG, FL 33701 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 14-1918765 | |
| | | | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WILLIAMS, GREG 129 6TH STREET SOUTH ST. PETERSBURG, FL 33701 | | | Name Street Address (P.O. Box Number is Not Acceptable) City | | |
| | | | State 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 <u><i>GR Williams</i></u> <u><i>GREG WILLIAMS</i></u> <u><i>4/14/06</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ORNDOFF, JAMES L | | NAME | LARRY D SMILEY | |
| STREET ADDRESS | 1250 OAKBROOK DR. SW | | STREET ADDRESS | 129 6TH ST. S. | |
| CITY-ST-ZIP | LARGO, FL 33770 | | CITY-ST-ZIP | ST. PETERSBURG, FL 33701 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete | TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HELLEN, DAVID W | | NAME | JAMES E. TALLON | |
| STREET ADDRESS | 547 15TH ST N | | STREET ADDRESS | 6001 1ST AVE. N. | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33705 | | CITY-ST-ZIP | ST. PETERSBURG, FL 33710 | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | | |
| NAME | WILLIAMS, GREG | | NAME | | |
| STREET ADDRESS | 129 6TH ST. SOUTH | | STREET ADDRESS | | |
| CITY-ST-ZIP | ST. PETERSBURG, FL 33701 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | |
| NAME | MUNSON, GEORGE D | | NAME | | |
| STREET ADDRESS | 6201 12TH AVE S | | STREET ADDRESS | | |
| CITY-ST-ZIP | GULF PORT, FL 33707 | | CITY-ST-ZIP | | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | | |
| NAME | MUNSON, GEORGE D | | NAME | | |
| STREET ADDRESS | 6201 12TH AVE S | | STREET ADDRESS | | |
| CITY-ST-ZIP | GULFPORT, FL 33707 | | CITY-ST-ZIP | | |
| TITLE | | | TITLE | | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u><i>GR Williams</i></u> <u><i>GREG WILLIAMS</i></u> <u><i>4/14/06</i></u> <u><i>(727) 244-7595</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |