


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90182 007 ****70.00

DOCUMENT # N04106		
1. Entity Name VIETNAM VETERANS OF AMERICA, CHAPTER 121, MIAMI, FLORIDA, INC.		

Principal Place of Business 45 ALMERIA AVE. CORAL GABLES, FL 33134	Mailing Address P.O. BOX 14-2141 CORAL GABLES, FL 33114-2141 US
--	--

40082113



04232007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box # SAME		3. Mailing Address P.O. BOX 700814	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SAME		City & State MIAMI, FL	
Zip	Country	Zip	Country
		33170-0184	DADE

4. FEI Number 59-2508261	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent ORTIZ, EPIE 11794 SW 273RD LANE HOMESTEAD, FL 33032-3385		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 \$81.25
Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THORP, JOHN 12370 SW 225 ST MIAMI, FL 331704436	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FISCHER, EDWARD 10401 SW 82ND CT MIAMI, FL 331563548	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCMANUS, BRUCE 13630 SW 96 ST MIAMI, FL 331862211	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTEZ, EPIE 11794 SW 273RD LANE HOMESTEAD, FL 330323385	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, GARY 12270 SW 30 ST MIAMI, FL 331752222	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOVAC, ALEXANDER 14510 SW 108TH STREET MIAMI, FL 33186	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alexander Kovac **ALEXANDER KOVAC - V.P.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4-20-07** Daytime Phone # **305-387-1125**