

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # N05738

1. Entity Name

**VIETNAM VETERANS ASSOCIATION OF WEST COAST
FLORIDA, INC.**



Principal Place of Business

Mailing Address

**10125 OLD HICKORY LANE
PORT RICHEY FL 34668**

**10125 OLD HICKORY LANE
PORT RICHEY FL 34668**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3661379

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PRINCE, RICHARD E
10125 OLD HICKORY LANE
PORT RICHEY FL 34668**

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 reappointing)

DATE

**FILE NOW: FEE IS \$61.25
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

TITLE NAME PD PRINCE, RICHARD E ☐ Delete
STREET ADDRESS 10125 OLD HICKORY LANE
CITY-STATE-ZIP PORT RICHEY FL 34668

TITLE NAME VT DEBOK, JOHN W ☐ Delete
STREET ADDRESS 9287 DUNKIRK AVE
CITY-STATE-ZIP SPRINGHILL FL 34608

TITLE NAME VT HOLDEN, HAROLD ☐ Delete
STREET ADDRESS 15513 PETICOAT LN
CITY-STATE-ZIP HUDSON FL 34667

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000596372
CITY-STATE-ZIP 01/23/07-80076-019 70.00

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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CITY-STATE-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-STATE-ZIP

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.

SIGNATURE:

Richard E. Prince

RICHARD E. PRINCE

19 JAN 07

727-963-9203