


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2008 8:00 am**  
**Secretary of State**

03-12-2008 90026 028 \*\*\*\*70.00

<b>DOCUMENT # N05738</b>			
1. Entity Name <b>VIETNAM VETERANS ASSOCIATION OF WEST COAST FLORIDA, INC.</b>			
Principal Place of Business <b>10125 OLD HICKORY LANE PORT RICHEY FL 34668</b>		Mailing Address <b>10125 OLD HICKORY LANE PORT RICHEY FL 34668</b>	
2. Principal Place of Business - No P.O. Box # <b>9287 DUNKIRK Rd</b>		3. Mailing Address <b>9287 DUNKIRK Rd.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Spring Hill FL</b>		City & State <b>Spring Hill FL</b>	
Zip <b>34608</b>	Country <b>HERNANDO</b>	Zip <b>34608</b>	Country <b>HERNANDO</b>
6. Name and Address of Current Registered Agent  <b>PRINCE, RICHARD E 10125 OLD HICKORY LANE PORT RICHEY FL 34668</b>		7. Name and Address of New Registered Agent Name <b>John W. DeBok</b> Street Address (P.O. Box Number is Not Acceptable) <b>9287 DUNKIRK Rd</b> City <b>Spring Hill</b> FL Zip Code <b>34608</b>	
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>John W. DeBok</i></u> DATE <u><i>2/12/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRINCE, RICHARD E 10125 OLD HICKORY LANE PORT RICHEY FL 34668 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT DEBOK, JOHN W 9287 DUNKIRK AVE SPRINGHILL FL 34608 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HOLDEN, HAROLD 15513 PETTICOAT LN HUDSON FL 34667 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WILLIAM WAGNER 1378 DAVENPORT DR NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E037 (10/07)

4. FEI Number **59-3661379** Applied For ☐ Not Applicable ☐

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

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: *John W. DeBok* DATE *2-29-08*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR