1-23 97 B-0629-C

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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N07653** **(1)**

1. Corporation Name

VIETNAM VETERANS OF AMERICA CHAPTER 127, INC., M ARTIN COUNTY, FLORIDA

Principal Place of Business	Mailing Address
5607 PALMETTO FT PIERCE FL 34982 US	P.O. BOX 3133 STUART FL 34995-3133

3. Date Incorporated or Qualified: **02/15/1985**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **13-3030278** ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

VAROLI, STEVEN F.
3133 BERRY AVE.
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HUDSON, BRUCE		1.2 NAME		
STREET ADDRESS	5607 PALMETTO DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VAROLI, STEVEN F.		2.2 NAME		
STREET ADDRESS	3133 BERRY AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP		
TITLE	~~VD~~	☐ DELETE	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	WOODS, HOYT		3.2 NAME	WOODS, HOYT	
STREET ADDRESS	5607 WHITMORE DR.		3.3 STREET ADDRESS	5607 WHITMORE DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34984		3.4 CITY-ST-ZIP	PORT St LUCIE FL 34984	
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SUNDHEIM, FRED		4.2 NAME		
STREET ADDRESS	47 SW RIVERWAY BLVD.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM CITY FL 34990		4.4 CITY-ST-ZIP		
TITLE	~~SEC~~	☐ DELETE	5.1 TITLE	SEC	☐ Change ☒ Addition
NAME	~~RAFFERTY, TERESA C.~~		5.2 NAME	RAFFERTY, TERESA C	
STREET ADDRESS	~~4700 SW COUNTRY PLACE~~		5.3 STREET ADDRESS	4700 SW COUNTRY PLACE	
CITY-ST-ZIP	~~PALM City FL 34990~~		5.4 CITY-ST-ZIP	PALM City FL 34990	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ BRUCE HUDSON PRES. 1/8/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0072054