


FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**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**

3. Date Incorporated or Qualified  
**02/15/1985**  
4. FEI Number **13-3030278**  
Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
22 City & State	27 City & State	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23 Zip Country	28 Zip Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
24	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>VAROLI, STEVEN F. 3133 BERRY AVE. PALM CITY FL 34990</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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		(NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PD	HUDSON, BRUCE	5607 PALMETTO DRIVE	FT PIERCE FL	
VD	VAROLI, STEVEN F.	3133 BERRY AVENUE	PALM CITY FL	
VD	WOODS, HOYT	5607 WHITMORE DR.	PORT ST. LUCIE FL	
TD	SUNDHEIM, FRED	47 SW RIVERWAY BLVD.	PALM CITY FL 34990	
S	RAFFERTY, TERESA C	4700 SW COUNTRY PLACE	PALM CITY FL	
				<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MARTIN, DAVID F.	2245 OAK RIDGE RD	PALM CITY FL. 34990-6822	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	SUNDHEIM, FRED	47 SW RIVERWAY BLVD.	PALM CITY FL. 34990	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VD	VAROLI, STEVEN F.	3133 BERRY AVE	PALM CITY FL 34990	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD	RAFFERTY, TERESA, C	4700 SW COUNTRY PL.	PALM CITY FL. 34990	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
S.	HUDSON, BRUCE D.	5607 PALMETTO DR.	FT. PIERCE FL. 34982-7448	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: *[Signature]* 4/27/98 561 465-5777

CR2E037 (10/97)