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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 02, 1999 8:00 am  
Secretary of State

03-02-1999 90092 003 \*\*\*\*61.25

DOCUMENT # N07653

1. Corporation Name:

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

Principal Place of Business

5607 PALMETTO  
FT PIERCE FL 34982  
US

Mailing Address

P.O. BOX 3133  
STUART FL 34985



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

ST. LUCIE

3. Date Incorporated or Qualified

02/15/1985

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

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 BRUCE D. HUDSON

82 Street Address (P.O. Box Number is Not Acceptable)

5607 PALMETTO DR.

83

84

City FORT PIERCE

FL

85 Zip Code

34982

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

*Bruce D. Hudson*

(NOTE: Registered Agent signature required when reinstating)

1-19-99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD MARIN, DAVID F

STREET ADDRESS 2245 OAK RIDGE ROAD

CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ DELETE

NAME VD GUNDHEIM, FRED

STREET ADDRESS 47 SW RIVERWAY BLVD

CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ DELETE

NAME VD VAROLI, STEVEN F

STREET ADDRESS 3133 BERRY AVENUE

CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ DELETE

NAME TD RAFFERTY, TERESA C

STREET ADDRESS 4700 SW COUNTRY PL

CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ DELETE

NAME S HUDSON, BRUCE D

STREET ADDRESS 5607 PALMETTO DRIVE

CITY-ST-ZIP FT PIERCE FL 34982

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME MARTIN, DAVID F

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME SUNDHEIM

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Bruce D. Hudson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 561 465-5777

Date

Daytime Phone #

CR2E037 (11/98)

0075544