

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90314 024 ****70.00

DOCUMENT # N07653

1. Entity Name

VIETNAM VETERANS OF AMERICA CHAPTER 127,
INC., MARTIN COUNTY, FLORIDA



Principal Place of Business

5607 PALMETTO
FT PIERCE FL 34982
US

Mailing Address

5607 PALMETTO
FT PIERCE FL 34982
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3030278

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

HUDSON, BRUCE D
5607 PALMETTO DR
FT PIERCE FL 34482

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

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 PD
NAME MANNIN, THOMAS F
STREET ADDRESS 2117 SW IMPORT DR
CITY-ST-ZIP PORT SAINT LUCIE FL 34953 ☐ Delete

TITLE VD
NAME HADDOX, JOHN L
STREET ADDRESS 8686 SE ALGOZZINI
CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Delete

TITLE TD
NAME VAROLI, STEVEN F
STREET ADDRESS 3133 BERRY AVENUE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE S
NAME HUDSON, BRUCE D
STREET ADDRESS 5607 PALMETTO DRIVE
CITY-ST-ZIP FT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
→ SAME

TITLE VD 1ST
NAME DARYL HENRY
STREET ADDRESS 1166 N.W. 13TH TERR.
CITY-ST-ZIP STUART, FL. 34994 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
→ SAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
→ SAME

TITLE VD
NAME HAILIN SWANSON
STREET ADDRESS 5610 PINTREE DR
CITY-ST-ZIP FT. PIERCE FL. 34982 ☐ Change ☒ Addition

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

12. 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 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:

Bruce D. Hudson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/04
Date

772-465-5777
772-465-6897
Daytime Phone #