

# 2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

03022006 REIN-NP CR2E099 (11/05)

592586028

4. FEI Number

43-3020278

59

2586028

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUDSON, BRUCE D  
5607 PALMETTO DR  
FT PIERCE, FL 34482

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 \$122.50

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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

☐ Change ☐ Addition

TITLE VD  
NAME SWANSON, HAILIN  
STREET ADDRESS 5610 PINTREE DR  
CITY-ST-ZIP FORT PIERCE, FL 34982

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

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 exemptions contained in Chapter 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

Thomas F. Mannin Pres.

3-1-06

873-1662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2006

Thomas Mannin  
2117 SW Import Dr.  
Port St. Lucie, FL 34953-2123

3/29/06