

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 25, 2011
Secretary of State

Entity Name: VIETNAM VETS MC, USA/LEGACY VETS MC, USA-CHAPTER "N" INC.

Current Principal Place of Business:

502 BOATING CLUB RD
ST AUGUSTINE, FL 32084

New Principal Place of Business:

502 BOATING CLUB RD
ST AUGUSTINE, FL 32084 US

Current Mailing Address:

502 BOATING CLUB RD
ST AUGUSTINE, FL 32084

New Mailing Address:

502 BOATING CLUB RD
ST AUGUSTINE, FL 32084 US

FEI Number: 27-1383016

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KILBOURN, MORLEY J
502 BOATING CLUB RD
ST AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: KILBOURN, MORLEY J
Address: 502 BOATING CLUB RD
City-St-Zip: ST AUGUSTINE, FL 32084 US

Title: VP
Name: MINNICH, BARRY
Address: 1540 CLAYTON RD
City-St-Zip: JACKSONVILLE, FL 32254 US

Title: RM
Name: LACY, CHRISTOPHER J
Address: 352 RIO ROAD
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: TRES
Name: KEUL, DAVID L
Address: 3909 CEDAR ISLAND RD EAST
City-St-Zip: JACKSONVILLE BEACH, FL 32250 US

Title: SEC
Name: PRITCHARD, RALPH E
Address: 86790 CARTESIAN POINTS DR
City-St-Zip: YULEE, FL 32097 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MORLEY J. KILBOURN

PRES

02/25/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date