2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 20, 2008 8:00 am Secretary of State DOCUMENT #N09196 03-20-2008 90023 008 ****61.25 VIETNAM VETERANS OF FLORIDA FOUNDATION, INC. Principal Place of Business Mailing Address 1509 TATE STREET 1509 TATE STREET COCOA FL 32922-6532 COCOA FL 32922-6532 2. Principai Place of Business - No P.O. Box # 4905 Se<u>chided</u> 1st MOORE CR2E037 (10/07) Applied For 4. FEI Number 59-2904226 Not Applicable Zip Country \$8.75 Additional <u>brevard</u> 5. Certificate of Status Desired brevard Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONOUGH, WAYNE R. Street Address (P.O. Box Number is Not Acceptable) 1901 25TH STREET VERO BEACH FL 32960 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 Fiorida. 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 roinstating) Orrupen brilling FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2008 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. **☑** Delete Change TITLE TITLE ☐ Addition CARTLIDGE, TONY NAME NAME Bob Neitzel 2304 Wood land Drive 21 SHORELINE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP OCHLOCKONEE FL 32346 CITY-ST-7IP Edgewater F1 32H1 DP Change TITLE **№** Delete TITLE Addition BAKER, KENNETH T NAME NAME Don Wassmer 1509 TATE STREET STREET ADDRESS STREET ADDRESS 26 Wing Road SW COCOA FL 32922-6532 CITY-ST-ZIP CITY-ST-ZIP In Bay, F1 32908 DΤ ☑ Daleta TITLE Change __ Addition DOAK, DAN Jacque Larry 4905 Sectuded NAME NAME 694 GROVE AVENUE STREET ADDRESS STREET ADDRESS HOLLY HILL FL 32117 CITY- ST- 7IP CITY-ST-7IP Merritt toland TITLE Delete Change TITLE ☐ Addition EARRUSSO, RALPH NAME NAME Dexise Wassmer 1226 wing Road SW STREET ADDRESS 4905 SECLUDED WAY STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32953-7967 CHTY-ST-ZIP TOLE ☐ Delete IIILI ☐ Change neilibbA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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.

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information

SIGNATURE: AS AULI CANTURE OF SIGNATURE DATE OF SIGNATURE TO SIGNATURE TO SIGNATURE TO SIGNATURE OF SIGNATURE