

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12719 (3)

1. Corporation Name

VIETNAM VETERANS OF BREVARD, INC.



Principal Place of Business

Mailing Address

400 S. SYKES CREEK PKWY.
MERRITT ISLAND FL 32952
US

P. O. BOX 929
COCOA FL 32923-0929
US

3. Date Incorporated or Qualified
12/23/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 **Veterans Assistance Center**

26 **Vietnam Veterans of Brevard**

4. FEI Number

59-2709679

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **1125 West King Street**

27 **P.O. Box 929**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State

City & State

23 **Cocoa FL**

28 **Cocoa FL**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 **32922**

25 **U.S.A**

29 **32922**

30 **U.S.A**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCDEVITT, RON
7406 N. ATLANTIC AVENUE
CAPE CANAVERAL FL 32920**

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD EARRUSSO, RALPH JR**
STREET ADDRESS **4125 W. END RD. #15**
CITY-ST-ZIP **COCOA BEACH FL 32931**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **1VD TUCK, JIM**
STREET ADDRESS **735 ORCHID LANE**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **2VD FITZGERALD, DENNIS**
STREET ADDRESS **P.O. BOX 3985 N/A**
CITY-ST-ZIP **COCOA FL 32922**

3.1 TITLE **2nd Vice President** Change Addition
3.2 NAME **Ray Edwards**
3.3 STREET ADDRESS **2845 Dutton Dr.**
3.4 CITY-ST-ZIP **Titusville FL 32794**

TITLE DELETE
NAME **S BAKER, PATI**
STREET ADDRESS **1509 TATE ST.**
CITY-ST-ZIP **COCOA FL 32922**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **T HART, NANCY**
STREET ADDRESS **2530 LAKE CREST BLVD.**
CITY-ST-ZIP **MELBOURNE FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Pati Baker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/96 (407) 632-4928

Date

Daytime Phone #

CR2E037 (12/95)