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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N12719 (3)

1. Corporation Name

VIETNAM VETERANS OF BREVARD, INC.



Principal Place of Business

Mailing Address

VETERANS ASSISTANCE CENTER
1125 W KING ST
COCOA FL 32922
US

VIETNAM VETERANS OF BREVARD
PO BOX 929
COCOA FL 32923-0929
US

3. Date incorporated or Qualified
12/23/1985

3a. Date of Last Report
03/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Same as above

26 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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: Ron McDevitt

19/3/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE President D
1.2 NAME Edwards, Ray
1.3 STREET ADDRESS 2845 Dutton Drive
1.4 CITY-ST-ZIP Titusville, FL 32796

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

2.1 TITLE 1st Vice Pres. D
2.2 NAME Edgerly, Douglas
2.3 STREET ADDRESS 3048 Village Park Drive
2.4 CITY-ST-ZIP MELBOURNE, FL 32934

TITLE 2VD
NAME EDWARDS, RAY
STREET ADDRESS 2845 DUTTON DR
CITY-ST-ZIP TITUSVILLE FL

3.1 TITLE 2nd Vice Pres. D
3.2 NAME NENSTIEL, Jared
3.3 STREET ADDRESS 800 N. Riverside Drive
3.4 CITY-ST-ZIP Indianantic, FL 32903

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

4.1 TITLE Secretary D
4.2 NAME Baker, Pati
4.3 STREET ADDRESS 1509 Tate St.
4.4 CITY-ST-ZIP COCOA, FL 32922

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

5.1 TITLE Treasurer D
5.2 NAME Baker, Ken
5.3 STREET ADDRESS 1509 Tate St.
5.4 CITY-ST-ZIP COCOA, FL 32922

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

14. I do 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 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: [Signature] REQUIRED

19/3/97

407 632-4928

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0019044

CR2E037 (9/96)