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May 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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: VETERANS ASSISTANCE CENTER, 1125 W KING ST, COCOA FL 32922, US

Mailing Address: VIETNAM VETERANS OF BREVARD, PO BOX 929, COCOA FL 32922, US

3. Date Incorporated or Qualified: 12/23/1985

4. FEI Number: 59-2709679

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Veterans Assistance Center, 22 1125 W King St, 23 Cocoa FL

2a. Mailing Address: 26 Vietnam Veterans of Brevard, 27 P.O. Box 929, 28 Cocoa FL

24 32922, 25 Brevard, 29 32923-0929, 30 USA

9. Name and Address of Current Registered Agent: MCDEVITT, RON, 7408 N. ATLANTIC AVENUE, CAPE CANAVERAL FL 32920

10. Name and Address of New Registered Agent: 81 Name: Same, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	EDWARDS, RAY	1.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2845 DUTTON DRIVE	TITUSVILLE FL 32796	1.2 NAME: Ronald Ronk	
CITY-ST-ZIP: TITUSVILLE FL 32796		1.3 STREET ADDRESS: 630 Janice Ct.	
TITLE: 1VPD	EDGERLY, DOUGLAS	1.4 CITY-ST-ZIP: Merritt Island FL 32952	
STREET ADDRESS: 3048 VILLAGE PARK DRIVE	MELBOURNE FL 32934	2.1 TITLE: 1st Vice Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: MELBOURNE FL 32934		2.2 NAME: Chuck Kosak	
TITLE: 2VPD	NENSTIEL, JARED	2.3 STREET ADDRESS: 1199 Kevitt Ct. SE	
STREET ADDRESS: 800 N. RIVERSIDE DRIVE	INDIALANTIC FL 32903	2.4 CITY-ST-ZIP: Palm Bay FL 32909	
CITY-ST-ZIP: INDIALANTIC FL 32903		3.1 TITLE: 2nd Vice Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SD	BAKER, PATI	3.2 NAME: Thomas Hart	
STREET ADDRESS: 1509 TATC ST.	COCOA FL 32922	3.3 STREET ADDRESS: 2530 Lake Crest Blvd.	
CITY-ST-ZIP: COCOA FL 32922		3.4 CITY-ST-ZIP: Melbourne FL 32935	
TITLE: TD	BAKER, KEN	4.1 TITLE: Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1509 TATE ST.	COCOA FL 32922	4.2 NAME: Pati Baker	
CITY-ST-ZIP: COCOA FL 32922		4.3 STREET ADDRESS: 1509 Tate St	
TITLE: (blank)		4.4 CITY-ST-ZIP: COCOA, FL 32922	
STREET ADDRESS: (blank)		5.1 TITLE: Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP: (blank)		5.2 NAME: Ken Baker	
		5.3 STREET ADDRESS: 1509 Tate St.	
		5.4 CITY-ST-ZIP: COCOA, FL 32922	
		6.1 TITLE: (blank)	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME: (blank)	
		6.3 STREET ADDRESS: (blank)	
		6.4 CITY-ST-ZIP: (blank)	

14. I 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: Pati Baker Pati Baker 15 April '98 407-632-492

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0018898

CR2E037 (10/97)