


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90166 003 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N12719**  
 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 32923-0929 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/23/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2709679
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  MCDEVITT, RON 7406 N. ATLANTIC AVENUE CAPE CANAVERAL FL 32920	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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* DATE: 5-7-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME RONK, RONALD	1.1 TITLE	SD
STREET ADDRESS 630 JANICE COURT	CITY-ST-ZIP MERRITT ISLAND FL 32952	1.2 NAME	LINDA RONK
		1.3 STREET ADDRESS	630 JANICE COURT
		1.4 CITY-ST-ZIP	MERRITT ISLAND, FL 32952
TITLE FVPD	NAME KOSACK, CHUCK	2.1 TITLE	
STREET ADDRESS 1199 KEVITT COURT SE	CITY-ST-ZIP PALM BAY FL 32909	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE SVPD	NAME HART, THOMAS	3.1 TITLE	
STREET ADDRESS 2530 LAKE CREST BLVD	CITY-ST-ZIP MELBOURNE FL 32935	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE SD	NAME BAKER, PATI	4.1 TITLE	
STREET ADDRESS 1509 TATE ST.	CITY-ST-ZIP COCOA FL 32922	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE TD	NAME BAKER, KEN	5.1 TITLE	
STREET ADDRESS 1509 TATE ST.	CITY-ST-ZIP COCOA FL 32922	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Ken Baker* RKEN BAKER, Treasurer 5-7-99 407 632-4928

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

CR2E037 (11/98)