

DOCUMENT # N12719

1. Entity Name

VIETNAM VETERANS OF BREVARD, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90078 015 ****61.25

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2709679

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

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 Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	RONK, RONALD	
STREET ADDRESS	630 JANICE COURT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	FVPD	<input type="checkbox"/> Delete
NAME	KOSACK, CHUCK	
STREET ADDRESS	1199 KEVITT COURT SE	
CITY-ST-ZIP	PALM BAY FL 32909	
TITLE	SVPD	<input checked="" type="checkbox"/> Delete
NAME	HART, THOMAS	
STREET ADDRESS	2530 LAKE CREST BLVD	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RONK, LINDA	
STREET ADDRESS	630 JANICE COURT	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BAKER, KEN	
STREET ADDRESS	1509 TATE ST.	
CITY-ST-ZIP	COCOA FL 32922	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Kosack	
STREET ADDRESS	1199 Kevitt Ct SE	
CITY-ST-ZIP	Palm Bay FL 32909	
TITLE	FVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Hart	
STREET ADDRESS	2530 Lake Crest Blvd.	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE	SVPD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita Kosack	
STREET ADDRESS	1199 Kevitt Ct SE	
CITY-ST-ZIP	Palm Bay FL 32909	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rita Kosack	
STREET ADDRESS	1199 Kevitt Ct SE	
CITY-ST-ZIP	Palm Bay FL 32909	
TITLE	Tres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Hart	
STREET ADDRESS	2530 Lake Crest Blvd.	
CITY-ST-ZIP	Melbourne FL 32935	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information 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.

SIGNATURE: *C. [Signature]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/00 **407-726-0890**
 Date Daytime Phone #

CR2E037 (9/99)