

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2002 8:00 am
Secretary of State

03-25-2002 90014 050 ****61.25

DOCUMENT # N12719

1. Entity 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

23900



DO NOT WRITE IN THIS SPACE

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

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 **PO** Delete
 NAME **KOSARK, CHARLES**
 STREET ADDRESS **1199 KEVITT CT SE**
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **PP Dir** Change Addition
 NAME **ROD SMITH, President**
 STREET ADDRESS **1362 I**
 CITY-ST-ZIP **Rockledge, FL 32955**

TITLE **FVPD** Delete
 NAME **ALVERSON, FRANK**
 STREET ADDRESS **1830 COREY ROAD**
 CITY-ST-ZIP **MALABAR FL 32950**

TITLE **V.P. Dir** Change Addition
 NAME **KENNETH T BAKER, V.P.D**
 STREET ADDRESS **1509 TATE ST**
 CITY-ST-ZIP **Cocoa FL 32922**

TITLE **SD** Delete
 NAME **KOSACK, RITA**
 STREET ADDRESS **1199 KEVITT CT SE**
 CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **SD** Change Addition
 NAME **SECRETARY D**
 STREET ADDRESS **FRAN BAKER**
 CITY-ST-ZIP **1509 TATE ST COCOA FL 32922**

TITLE **TD** Delete
 NAME **HART, NANCY**
 STREET ADDRESS **2530 LAKE CREST BLVD**
 CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **T. Dir** Change Addition
 NAME **Treasurer**
 STREET ADDRESS **NANCY HART**
 CITY-ST-ZIP **2530 LAKCREST BLVD MELBOURNE, FL 32935**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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)(i), 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: **FRAN BAKER**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/02 (321)632-4928
 Date Daytime Phone #

CRE007 (9/01)