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**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90153 008 \*\*\*\*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 # N16438**

1. Corporation Name

**VIETNAM VETERANS OF NORTHWEST FLORIDA, INC.**

Principal Place of Business

2148 DELANO STREET  
PENSACOLA FL 32505

Mailing Address

P.O. BOX 3796  
PENSACOLA FL 32506



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/07/1986
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2963633
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Zip	Trust Fund Contribution
24	29	30

9. Name and Address of Current Registered Agent

DAVIS, WILLIAM  
8026 MOBILE HWY  
PENSACOLA FL 32526

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

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

*Charles B. Shook*

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	1.1 TITLE	PD
NAME	DAVIS, WILLIAM	1.2 NAME	Shook, CHARLES
STREET ADDRESS	8026 MOBILE HWY	1.3 STREET ADDRESS	2722 KAPLER AVE
CITY-ST-ZIP	PENSACOLA FL 32526	1.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VD	2.1 TITLE	VD
NAME	SHOOK, CHARLES	2.2 NAME	KILAR, GLENN S
STREET ADDRESS	2722 KAPLER AVE	2.3 STREET ADDRESS	3205 KINARD AVE.
CITY-ST-ZIP	PENSACOLA FL 32507	2.4 CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VD	3.1 TITLE	SD
NAME	SANDERS, TERRY	3.2 NAME	ROY, DONNA
STREET ADDRESS	519 TAMPICO BLVD	3.3 STREET ADDRESS	5029 MIDAS RD.
CITY-ST-ZIP	PENSACOLA FL 32506	3.4 CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	TD	4.1 TITLE	
NAME	AMEY, NANCY	4.2 NAME	
STREET ADDRESS	6001 FAIRVIEW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Charles B. Shook* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

850-456-8314

Daytime Phone #

CR2E037 (11/98)