2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006
Secretary of State

DOCUMENT# N22901

Entity Name: VIETNAM VETERANS MOTORCYCLE CLUB, CHAPTER D ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 3931
BAY PINES, FL 33504

New Principal Place of Business:

Current Mailing Address:

P O BOX 3931
BAY PINES, FL 33504

New Mailing Address:

FEI Number: 25-1459399 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PATRIZZI, ALPHONSE L
1531 DELAWARE AVE N.E
SAINT PETERBURG, FL 33703 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	BENSON, R	
Address:	3301 58TH AVE. N.	
City-St-Zip:	ST. PETERSBURG, FL 33714	
Title:	P	( ) Delete
Name:	WALKER, LARRY	
Address:	4841 83 TERRACE N.	
City-St-Zip:	PINELLAS PARK, FL 33781	
Title:	MD	( ) Delete
Name:	DOUKAS, DONALD	
Address:	147 SE LINCOLN CIRLCE NORTH	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	TSD	( ) Delete
Name:	SCOTT, THOMAS C	
Address:	5034 FAIRFIEID CT	
City-St-Zip:	LAKELAND, FL 33811	
Title:	V	( ) Delete
Name:	STEVE SHEPERD,	
Address:	12550 MORRIS BRIDGE RD	
City-St-Zip:	THONOTOSASSA, FL 33592	
Title:	MD	( ) Delete
Name:	COX, DAVID L.	
Address:	13432 HACIENDA DRIVE	
City-St-Zip:	LARGO, FL 34644	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALPHONSE L PATRIZZI RA 09/06/2006

Electronic Signature of Signing Officer or Director — Date