

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32510

FILED  
Jan 16, 2008  
Secretary of State

**Entity Name:** FLORIDA STATE COUNCIL OF VIETNAM VETERANS OF AMERICA, INC.

**Current Principal Place of Business:**

2292 STONEGATE DR  
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 212348  
WEST PALM BEACH, FL 33421

**New Mailing Address:**

**FEI Number:** 59-3025759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

KLEIN, JEROLD  
2292 STONEGATE DR  
WELLINGTON, FL 33414 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: P ( ) Delete  
Name: KLEIN, JEROLD  
Address: 2292 STONEGATE DR  
City-St-Zip: WELLINGTON, FL 33914

Title: V ( ) Delete  
Name: KOPROWSKI, JOHN  
Address: 6352 SPRING LAKE CR  
City-St-Zip: ZEPHYRHILLS, FL 33540

Title: SD ( ) Delete  
Name: AMERMAN, JAMES  
Address: 7138 FORT KING ROAD  
City-St-Zip: ZEPHYRHILLS, FL 33541

Title: TD ( ) Delete  
Name: HALL, THOMAS H  
Address: 2209 ALLWOOD AVE.  
City-St-Zip: VALRICO, FL 33594

Title: V ( ) Delete  
Name: HUMPHRIES, BEN  
Address: 225 23RD AVE  
City-St-Zip: VERO BEACH, FL 32962

**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: TD (X) Change ( ) Addition  
Name: HALL, THOMAS H  
Address: 2209 ALLWOOD AVE.  
City-St-Zip: VALRICO, FL 33596

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

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS H. HALL

TD

01/16/2008

Electronic Signature of Signing Officer or Director

Date