2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32510

FILED Jan 16, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2292 STONEGATE DR WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** P.O. BOX 212348 2511 WESTGATE AVE. WEST PALM BEACH, FL 33421 UNIT 7 WEST PALM BEACH, FL 33407 FEI Number: 59-3025759 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KLEIN, JEROLD 2292 STONEGATE DR WELLINGTON, FL 33414 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition KLEIN, JEROLD Name: Name: 2292 STONEGATE DR Address: Address: City-St-Zip: WELLINGTON, FL 33914 City-St-Zip: Title: () Delete Title: (X) Change () Addition KOPROWSKI, JOHN Name: HUMPRIES, BEN Name: Address: 6352 SPRING LAKE CR Address: 225 23RD AVE City-St-Zip: ZEPHYRHILLS, FL 33540 City-St-Zip: VERO BEACH, FL 32962 Title: () Delete Title: SD (X) Change () Addition AMERMAN, JAMES THOMPSON, ALAN Name: Name: 12050 PARK BLVD. Address: 7138 FORT KING ROAD Address: City-St-Zip: ZEPHYRHILLS, FL 33541 City-St-Zip: SEMINOLE, FL 33772 Title: TD () Delete Title: () Change () Addition Name: HALL, THOMAS H Name: 2209 ALLWOOD AVE. Address: Address: City-St-Zip: VALRICO, FL 33596 City-St-Zip: Title: () Delete Title: (X) Change () Addition HUMPHRIES, BEN BOUSHER, MIKE Name: Name: 225 23RD AVE 4021 BELMOOR DRIVE Address: Address: City-St-Zip: VERO BEACH, FL 32962 City-St-Zip: PALM HARBOR, FL 34685

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 01/16/2009