

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32510

FILED  
Jan 07, 2012  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

900 OSCEOLA DRIVE  
SUITE 107A  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

2292 STONEGATE DR  
WELLINGTON, FL 33414 US

**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  
Name: KLEIN, JEROLD  
Address: 2292 STONEGATE DR  
City-St-Zip: WELLINGTON, FL 33914 US

Title: V  
Name: HUMPRIES, BEN  
Address: 225 23RD AVE  
City-St-Zip: VERO BEACH, FL 32962 US

Title: SD  
Name: TONJES, CRAIG  
Address: 942 IONE DRIVE  
City-St-Zip: FT. MYERS, FL 33919 US

Title: TD  
Name: HALL, THOMAS H  
Address: 2209 ALLWOOD AVE.  
City-St-Zip: VALRICO, FL 33596 US

Title: V  
Name: BOUSHER, MIKE  
Address: 4021 BELMOOR DRIVE  
City-St-Zip: PALM HARBOR, FL 34685 US

I hereby 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 all other like empowered.

SIGNATURE: THOMAS H. HALL

TREA

01/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date