

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

61.25

DOCUMENT # **N32880** (9)
1. Corporation Name
VNGSA, INC.



Principal Place of Business: **335 OLDE POST ROAD NICEVILLE FL 32578**
Mailing Address: **335 OLDE POST ROAD NICEVILLE FL 32578**

3. Date Incorporated or Qualified: **06/20/1989**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **59-2955878**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRIS, BILLY J.
335 OLDE POST ROAD
NICEVILLE FL 32578**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: *Billy J. Harris*

16 Jan 95

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, BILLY J.	
STREET ADDRESS	335 OLDE POST RD.	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGLERT, JOHN R	
STREET ADDRESS	732 PROVIDENCE WAY	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ENGLERT, JOHN R.	
STREET ADDRESS	732 PROVIDENCE WAY	
CITY - ST - ZIP	NICEVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOODAM, LYDIA	
STREET ADDRESS	119 JOHN SIMON PKW W	
CITY - ST - ZIP	NICEVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<i>Donna Field</i>
4.3 STREET ADDRESS	<i>229 Palmetto Ave</i>
4.4 CITY - ST - ZIP	<i>Niceville, FL 32578</i>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, changed, or on an attachment with an address.

SIGNATURE: *Donna R. Field*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-96 904-862-4166
Date Daytime Phone #

CR2E037 (12/95)