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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33396

1. Corporation Name

VIETNAM VETERANS WALL SOUTH FOUNDATION, INC.

Principal Place of Business

P.O. BOX 17886
PENSACOLA FL 32522

Mailing Address

P.O. BOX 17886
PENSACOLA FL 32522



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

07/20/1989

4. FEI Number
59-2963633

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent

PRITCHARD, JOHN E
407 SEAMARGE LANE
PENSACOLA FL 32507

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 JOHN E. PRITCHARD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/11/1999

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME PRITCHARD, JOHN E
STREET ADDRESS 407 SEAMARGE LN.
CITY-ST-ZIP PENSACOLA FL 32507-3928

TITLE T ☐ DELETE
NAME SANDERS, PAULINE
STREET ADDRESS 519 TAMPICO BLVD
CITY-ST-ZIP PENSACOLA FL 32506

TITLE V ☐ DELETE
NAME DAVIS, WILLIAM
STREET ADDRESS 8036 MOBILE HWY.
CITY-ST-ZIP PENSACOLA FL 32526

TITLE T ☐ DELETE
NAME PRITCHARD, JOHN E
STREET ADDRESS 407 SEAMARGE LN
CITY-ST-ZIP PENSACOLA FL 32507

TITLE T ☐ DELETE
NAME BURT, RICHARD
STREET ADDRESS 10733 JOLYNE WAY
CITY-ST-ZIP PENSACOLA FL 32506

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JOHN E. PRITCHARD 1/11/89 850 455-8637

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/1/98)