

DOCUMENT # N33396

1. Entity 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

5000 Lillian Hwy
Suite, Apt. #, etc.

3. Mailing Address

PO Box 17886
Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL 32522

Zip
32506Country
USAZip
32522Country
USA

4. FEI Number

59-2963633

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

PRITCHARD, JOHN E
407 SEAMARGE LANE
PENSACOLA FL 32507

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	PRITCHARD, JOHN E	
STREET ADDRESS	407 SEAMARGE LN.	
CITY-ST-ZIP	PENSACOLA FL 32507-3928	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANDERS, PAULINE	
STREET ADDRESS	519 TAMPICO BLVD	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	V	<input type="checkbox"/> Delete
NAME	DAVIS, WILLIAM	
STREET ADDRESS	8036 MOBILE HWY.	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	T	<input type="checkbox"/> Delete
NAME	PRITCHARD, JOHN E	
STREET ADDRESS	407 SEAMARGE LN	
CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	T	<input type="checkbox"/> Delete
NAME	BURT, RICHARD	
STREET ADDRESS	10733 JOLYNE WAY	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 17, 2001 8:00 am
Secretary of State

01-17-2001 90068 025 ****61.25



DO NOT WRITE IN THIS SPACE