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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N39755

(6)

1. Corporation		` '					
VIETNA	AM VETERANS OF NASSAU	COUNTY, INC.			4 (80)(181) EST 11111 (80)(1800) SLL	ni Alifa Sissel Sesti Alâli Ali	844 84611 84841 48 9 1
Principal Place of Business Mailing Address					i iodiiidi iibo iiila idiii iddii diibi)((1103)
POB 742 POB 742							
YULEE FL 32097 YULEE FL 32097							
					3. Date Incorporated or Qualified	3a. Date of Las	
					08/08/1990	05/01/	
·	ace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3050600	60 7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired	1 1	Required
City & State		City & State			6. Election Campaign Financing	\$5.0	00 May Be
23		28			Trust Fund Contribution		ed to Fees
Zip	Country	Zip	Country		8. This corporation has liability for i	ntangible tax under s ☐ Yes ☐ No	3. 199.032,
24	25 9. Name and Address of Current	29 Registered Agent	30		Florida Statutes L 10. Name and Address of New R		
			81 N	lame	**************************************		
CRAVEY, LARRY 82 Street Add				Stroot Address	(P.O. Box Number is Not Acceptab	(ما	
1336 S 14TH ST				Micel Address	Str. C. Dox Hombol is Not recoupled	10)	
FERNANDINA BEACH FL 32034			83				
			84 C	Dity		 85 Z	ip Code
						FL °	
11. Pursuant t or register	to the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Sectio	and 617.1508, Florida Statutes a. Such change was authorized	s, the above-nam of by the corpora	ned corporation ition's board o	on submits this statement for the pur of directors. I hereby accept the appo	pose of changing its bintment as registere	registered office id agent. I am
familiar wit	th, and accept the obligations of, Section	on 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE	: Registered Agent sig	mature required wh	en reinstalingt	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF		
TOLE	D	DELETE	1.1 TITLE	Sē	CRETARY	ZZ etiange	Addition
NAME	Martyn, Robert T.		1.2 NAME	n	ARTYN, ROBERT	PAE	
STREET ADDRESS	771 JOHSON LAKE RD. E.		1.3 STREET ADD				
CITY - ST - ZIP	YULEE FL	Market Control	1.4 CITY - ST - ZI	IP U	ulee, FL. 3209		The second
TITLE	D	DECETE	2.1 TITLE	V	ICE PRESIDENT LRRENT, DAVID	☐ Change	Addition
NAME	WATSON, JACK		2.2 NAME		12 BOX 1606		
STREET ADDRESS	2194 PIRATES WAY		2.3 STREET ADD		ALLAKAN PL 320	11	
CITY-ST-ZIP TITLE	YULEE FL 32097 D	EFL 32097 2 4 CHY-SI			MONSTASKY D	Change	: Addition
NAME	GAVRON, ED	DOLLETE	3.2 NAME	, ,	BENGE GARY		
STREET ADDRESS	2033 BONNIE OAKS DR.		3.3 STREET ADD	DRESS I	712 PAges Totaley	Pd	
CITY-ST-ZIP	FERNANDINA BCH FL 32034		3 4. CITY - ST - Z	1 1	fulle FL 3 20	17	
TITLE	D	DELETE	4.1 TITLE			Change	Addition
NAME	WILLIAM RITSMA		4. 2 NAME				
STREET ADDRÉSS	P. O. BOX 674 N/A		4.3 STREET ADD	DAESS			
CITY-ST-ZIP	HILLIARD FL		44 CITY-ST-Z				=
TITLE	D	DELETE	5 1 TITLE	P	RESIDENT	Change	Addition
NAME	HASPEL, TROY		5 2 NAME	14	ASPEC, TROY	4.1	
STREET ADDRESS	RT 4 BOX 33F N/A		5 3 STREET ADO	ORESS 74	HASPLL, TROY 169 MOURNING DOVE LN FERNMUNN, BEARL, FL 32034		
CITY - ST - ZIP	FERNANDINA BCH FL	Pociere	5.4 CITY-ST-Z	PIP F	ernmann, seal, fi	□ Change	Addition
TITLE	D LADDY BECCO	DELETE	6.1 TITLE			Griange	☐ ∧ooiooii
NAME CIDICI ADDOCCO	LARRY BEGGS 875 FOUNTAINE DR		6.2 NAME	nerce			
STREET ADDRESS	FERNANDINA BCH. FL		6.3 STREET ADD				
CITY-ST-ZIP 14. I do heret	y certify that the information supplied with the information indicated on this annual true information indicated on the samulation.	vith this filing is voluntarily furnis	6.4 CITY-ST-Z shed and does n		the exemption stated in Section 119	07(3)(k), Florida Stat	utes. I further
certify tha	t the information indicated of this annu	al record or supplemental acou	al report is true a	and accurate	and that my signature shall have the	same legal effect as	If made under

1. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furnished and does not quality for the exemption indicated on finis 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 Jack analysed, or on an attachment with an address.

SIGNATURE

Silve J. Marty Court T. Marry J.

2/6/96 904-727-3795