


FILE NOW: FILING FEE IS \$61.25

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90238 035 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N39755					
1. Corporation Name VIETNAM VETERANS OF NASSAU COUNTY, INC.					
Principal Place of Business P.O. BOX 300 FERNANDEINA BEACH FL 32035-0300 US			Mailing Address P.O. BOX 300 FERNANDIAN BEACH FL 32035-0300 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/08/1990 4. FEI Number 59-3050600 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent CRAVEY, LARRY 1336 S 14TH ST FERNANDINA BEACH FL 32034				10. Name and Address of New Registered Agent 81 Name GRATTAN REYNOLDS 82 Street Address (P.O. Box Number is Not Acceptable) PO BOX 300 / 914 N. 15TH ST. 83 FERNANDINA BEACH 84 City FL 85 Zip Code 32035			
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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 Grattan Reynolds **GRATTAN REYNOLDS SECT. FIDES.** **2 FEB 99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CRAVEY, LARRY			1.2 NAME			
STREET ADDRESS	1336 S 14TH ST			1.3 STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			1.4 CITY-ST-ZIP			
TITLE	DT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	REYNOLDS, GRATTAN			2.2 NAME			
STREET ADDRESS	P.O. BOX 300 N/A			2.3 STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH FL 32035-0300			2.4 CITY-ST-ZIP			
TITLE	TVP	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DURRANCE, HERSCHEL			3.2 NAME			
STREET ADDRESS	P.O. BOX 1454 N/A			3.3 STREET ADDRESS			
CITY-ST-ZIP	YULEE FL 32041			3.4 CITY-ST-ZIP			
TITLE	DS	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRACE, BILL			4.2 NAME			
STREET ADDRESS	3705 OLD NASSAUVILLE RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BEACH FL 32034			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SNEAD, JOEY			5.2 NAME			
STREET ADDRESS	1918 CHESTER RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	YULEE FL 32097			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARRY BEGGS			6.2 NAME			
STREET ADDRESS	875 FOUNTAINE DR			6.3 STREET ADDRESS			
CITY-ST-ZIP	FERNANDINA BCH. FL 32034			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: Grattan Reynolds **GRATTAN REYNOLDS** **904 261-6066**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)