

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

55 APR 28 PM 7:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42935 (9)

1. Corporation Name

**VIETNAM VETERANS OF AMERICA, INC. CHAPTER #562 D
ADE CITY, FLORIDA**

Principal Place of Business

Mailing Address

**6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544**

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WESLEY CHAPEL FL 33544**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1991

3a. Date of Last Report

01/27/1994

4. FEI Number

59-3045404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$0.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LAMBERT, THOMAS
39040 S. AVENUE
ZEPHYRHILLS FL 33540**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when constituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	LAMBERT, THOMAS
STREET ADDRESS	39040 S. AVE.
CITY - ST - ZIP	ZEPHYRHILLS FL 33540
TITLE	VO
NAME	JONES, CHARLES
STREET ADDRESS	2172 CR #579
CITY - ST - ZIP	DADE CITY FL 33525
TITLE	STD
NAME	EDDINGS, ROBERT L
STREET ADDRESS	6214 CEDAR GLEN DRIVE
CITY - ST - ZIP	WESLEY CHAPEL FL 33544
TITLE	CD
NAME	TERRELL, EDMOND
STREET ADDRESS	18752 HOLLAND LANE
CITY - ST - ZIP	SPRING HILL FL 34610
TITLE	D
NAME	FRETZ, WAYNE
STREET ADDRESS	28540 RICE ROAD
CITY - ST - ZIP	SAN ANTONIO FL 33576
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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, unchanged, or on an attachment with an address.

SIGNATURE:

Thomas Lambert - **THOMAS Lambert** - **4-21-95** - **813-993-8610**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone