

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N42935 (9)

1. Corporation Name

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

Principal Place of Business

6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544

Mailing Address

6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544



3. Date Incorporated or Qualified

04/12/1991

3a. Date of Last Report

04/28/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3045404

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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

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 PD ☐ DELETE
NAME LAMBERT, THOMAS
STREET ADDRESS 39040 S. AVE.
CITY-ST-ZIP ZEPHYRHILLS FL 33540

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

TITLE VD ☒ DELETE
NAME JONES, CHARLES
STREET ADDRESS 2172 CR #579
CITY-ST-ZIP DADE CITY FL 33525

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME VD
2.3 STREET ADDRESS WALTERS, WILLIAM T.
2.4 CITY-ST-ZIP 3314 LAUMER RD.
DADE CITY, FL. 33525

TITLE STD ☐ DELETE
NAME EDDINGS, ROBERT L
STREET ADDRESS 6214 CEDAR GLEN DRIVE
CITY-ST-ZIP WESLEY CHAPEL FL 33544

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

TITLE CD ☐ DELETE
NAME TERRELL, EDMOND
STREET ADDRESS 18752 HOLLAND LANE
CITY-ST-ZIP SPRING HILL FL 34610

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

TITLE D ☒ DELETE
NAME FRETZ, WAYNE
STREET ADDRESS 28540 RICE ROAD
CITY-ST-ZIP SAN ANTONIO FL 33576

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME D
5.3 STREET ADDRESS JONES, CHARLES
5.4 CITY-ST-ZIP 2172 CR #579
DADE CITY, FL. 33525

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)