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FILED

May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

**6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544****6214 CEDAR GLEN DRIVE
WESLEY CHAPEL FL 33544-3644**3. Date Incorporated or Qualified
04/12/19913a. Date of Last Report
04/29/1996

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**

9. Name and Address of Current Registered Agent

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

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 ☐ DELETENAME **LAMBERT, THOMAS**
STREET ADDRESS **39040 S. AVE.**
CITY-ST-ZIP **ZEPHYRHILLS FL 33540**1.1 TITLE ☐ Change ☐ Addition1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☒ DELETENAME **WALTERS, WILLIAM T.**
STREET ADDRESS **3314 LAUMER ROAD**
CITY-ST-ZIP **DADE CITY FL**2.1 TITLE **VD** ☒ Change ☐ Addition2.2 NAME **Brice, Edward G.**
2.3 STREET ADDRESS **37848 Cape Cod**
2.4 CITY-ST-ZIP **Zephyrhills, Fl. 33541**TITLE STD ☐ DELETENAME **EDDINGS, ROBERT L**
STREET ADDRESS **6214 CEDAR GLEN DRIVE**
CITY-ST-ZIP **WESLEY CHAPEL FL 33544**3.1 TITLE ☐ Change ☐ Addition3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE CD ☐ DELETENAME **TERRELL, EDMOND**
STREET ADDRESS **18752 HOLLAND LANE**
CITY-ST-ZIP **SPRING HILL FL 34610**4.1 TITLE ☐ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Thomas Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-97

813-782-7900

Date

Daytime Phone # 0046761

CP2E037 (9/96)