


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham 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
--	--

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 04/12/1991	4. FEI Number 59-3045404	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
LAMBERT, THOMAS
39040 S. AVENUE
ZEPHYRHILLS FL 33540

10. Name and Address of New Registered Agent
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		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LAMBERT, THOMAS	
STREET ADDRESS	39040 S. AVE.	
CITY-ST-ZIP	ZEPHYRHILLS FL 33540	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRICE, EDWARD G	
STREET ADDRESS	37848 CAPE COD	
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	EDDINGS, ROBERT L	
STREET ADDRESS	6214 CEDAR GLEN DRIVE	
CITY-ST-ZIP	WESLEY CHAPEL FL 33544	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	TERRELL, EDMOND	
STREET ADDRESS	16752 HOLLAND LANE	
CITY-ST-ZIP	SPRING HILL FL 34610	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Gerry Beecher	
1.3 STREET ADDRESS	14615 Scharber Rd.	
1.4 CITY-ST-ZIP	Dade City, FL 33525	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Tom Poppy	
2.3 STREET ADDRESS	12810 Linden Dr.	
2.4 CITY-ST-ZIP	Spring Hill, FL 34609	
3.1 TITLE	STD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Robert L. Eddings	
3.3 STREET ADDRESS	6214 Cedar Glen Dr.	
3.4 CITY-ST-ZIP	Wesley Chapel, FL 33544	
4.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ben Youmans	
4.3 STREET ADDRESS	39012 6th Ave	
4.4 CITY-ST-ZIP	Zephyrhills, FL 33540	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

SIGNATURE: *Robert L. Eddings* 4-6-98 (813) 973 0640

CR2E037 (10/97)