
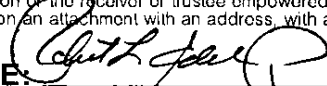


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 8:00 am
Secretary of State

02-01-2007 90022 037 ****70.00

DOCUMENT # N42935 1. Entity Name VIETNAM VETERANS OF AMERICA, INC. CHAPTER #562 DADE 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3045404	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAMBERT, THOMAS 39040 S. AVENUE ZEPHYRHILLS FL 33540			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY ST ZIP	PD BEECHER, GERRY 14615 SCHARBER ROAD DADE CITY FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	VD JONES, CHARLES 35040 PROSPECT RD DADE CITY FL 33525	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD DOBSON, DAVE 5315 BEVENS AVE Spring Hill, FL 34608	
TITLE NAME STREET ADDRESS CITY ST ZIP	STD EDDINGS, ROBERT L. 6214 CEDAR GLEN DRIVE WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	CD LAMBERT, THOMAS 39040 S AVE SPRING HILL FL 33540	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	STD EDDINGS, ROBERT L. 6214 CEDAR GLEN DR WESLEY CHAPEL FL 33544	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY ST ZIP	CD DOBSON, DAVE 5315 BEVENS AVE SPRING HILL FL 34608	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  Robert L. Eddings 01/25/2007					