


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N43711** (3)

1. Corporation Name

**VIETNAM VETERANS OF AMERICA, INC. CHAPTER #567,
VERO BEACH, FLORIDA**

Principal Place of Business P.O. BOX 7050 VERO BEACH FL 32960	Mailing Address P.O. BOX 7050 VERO BEACH FL 32960
---	---



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 06/05/1991	4. FEI Number 65-0246478	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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 checked="" 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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent MCGHEE, BERNARD R. JR. 2205 19TH AVENUE SW VERO BEACH FL 32962	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 Bernard R. McGhee, Jr. **Bernard R. McGhee, Jr. Secy.** **2/19/98**
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 SD	<input type="checkbox"/> DELETE	1.1 TITLE S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MCGHEE, BERNARD R. JR.		1.2 NAME	
STREET ADDRESS 2205 19TH AVENUE SW		1.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		1.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONNELLY, MICHAEL		2.2 NAME	
STREET ADDRESS 835 18TH STREET, #801		2.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		2.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CRAWFORD, RUSS		3.2 NAME	
STREET ADDRESS 721 18TH PLACE SW		3.3 STREET ADDRESS	
CITY-ST-ZIP VERO BEACH FL		3.4 CITY-ST-ZIP	
TITLE VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE V/P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOSFORD, MIKE		4.2 NAME Shaffer, Rick	
STREET ADDRESS 770 MIRACLE MILE		4.3 STREET ADDRESS 445 27th Avenue SW, #C	
CITY-ST-ZIP VERO BEACH FL		4.4 CITY-ST-ZIP Vero Beach FL 32962	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Bernard R. McGhee, Jr. **BERNARD R. MCGHEE JR. 2-19-98** (561) 563-0124

CR2E037 (10/97)