

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 # N93000002683 (1)

1. Corporation Name

**VIETNAM VETERANS OF AMERICA, INC. CHAPTER# 665 P
ORT CHARLOTTE, FLORIDA**



Principal Place of Business

**7505 CLEVELAND DR
PUNTA GORDA FL 33982**

Mailing Address

**P.O. BOX 3833
PORT CHARLOTTE FL 33949**

3. Date Incorporated or Qualified
06/16/1993

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

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

23 Zip Country

28 Zip Country

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHAW, GERALD S.
7505 CLEVELAND DR
PUNTA GORDA FL 33982**

81 Name **Louis Millsagle**
82 Street Address (P.O. Box Number is Not Acceptable)
27317 San Marino Dr
83
84 City **Harbour Heights** FL 85 Zip Code **33983**

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 617.0303, Florida Statutes.

SIGNATURE

Louis Millsagle
(Signature, typed or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-96

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	SHAW, GERALD S	
STREET ADDRESS	7505 CLEVELAND DR	
CITY - ST - ZIP	PUNTA GORDA FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRIGHAM, JOYCE	
STREET ADDRESS	556 DANORA STREET NW	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MILLSAGLE, LOUIS	
STREET ADDRESS	577 DOLPHIN DRIVE	
CITY - ST - ZIP	HARBOUR HEIGHTS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BANAR, DOUGLAS	
STREET ADDRESS	14358 LILLIAN CIRCLE	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CAMPAGNE, FRANK	
STREET ADDRESS	19171 AVIATION COURT	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GALLAGHER, JOHN	
STREET ADDRESS	4990 ESCALANTE DR	
CITY - ST - ZIP	NORTH PORT FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Richard Dubois
4.3 STREET ADDRESS	23111 WORTH ST
4.4 CITY - ST - ZIP	Port Charlotte FL 33954
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 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:

Louis Millsagle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis Millsagle 4-1-96 941-4448281

Date

Daytime Phone #

CR2E037 (12/95)