

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 18 1997 8:00am
Secretary of State

| | |
|--|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  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

Mailing Address

**7505 CLEVELAND DR
PUNTA GORDA FL 33982**

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



3. Date Incorporated or Qualified
06/16/1993

3a. Date of Last Report
04/26/1996

| | | | | | | | |
|--------------------------------|--|------------------------|--|---|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 4. FEI Number NOT APPLICABLE | | Applied For <input type="checkbox"/> Not Applicable | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 22 City & State | | 27 City & State | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 23 Zip | | 28 Zip | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 24 Country | | 29 Country | | | | | |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOUIS MILLSLAGE
27317 SAN MARINO DR
HARBOUR HEIGHTS FL 33983**

| | |
|---|-------------|
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 85 Zip Code |
| | FL |

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 *Louis Millslage* **Louis Millslage** DATE **2-12-97**
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SHAW, GERALD S | 1.2 NAME | |
| STREET ADDRESS | 7505 CLEVELAND DR | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BRIGHAM, JOYCE | 2.2 NAME | |
| STREET ADDRESS | 556 DANORA STREET NW | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 2.4 CITY-ST-ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILLSLAGE, LOUIS | 3.2 NAME | |
| STREET ADDRESS | 577 DOLPHIN DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HARBOUR HEIGHTS FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RICHARD DUBOIS | 4.2 NAME | |
| STREET ADDRESS | 231 ALLWORTHY ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMPAGNE, FRANK | 5.2 NAME | |
| STREET ADDRESS | 19171 AVIATION COURT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GALLAGHER, JOHN | 6.2 NAME | |
| STREET ADDRESS | 4990 ESCALANTE DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NORTH PORT FL | 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 or changed, or on an attachment with an address.

SIGNATURE: *Louis Millslage* **Louis Millslage** DATE **2-12-97** Daytime Phone # **941-628-7292**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)