

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004186

FILED
Jan 05, 2007
Secretary of State

Entity Name: FLORIDA VIETNAM VETERANS ASSISTANCE FOUNDATION, INC.

Current Principal Place of Business:

1280 N CONGRESS AVE
#213
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

9792 OLD FEDERAL RD
QUINCY, FL 32351

New Mailing Address:

FEI Number: 65-0437065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOEHLER, DENNIS P ESQ
1280 N CONGRESS AVE
#213
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KOEHLER, DENNIS P. ESQ
Address: 1280 N. CONGRESS AVE. #104
City-St-Zip: WEST PALM BEACH, FL 33409

Title: P () Delete
Name: KOPROWSKI, JOHN
Address: P.O. BOX 890
City-St-Zip: ZEPHYRHILLS, FL 33539

Title: VP () Delete
Name: HARDING, JEROME
Address: 6701 MALLARDS COVE RD APT E
City-St-Zip: JUPITER, FL 33458

Title: S (X) Delete
Name: AMERMAN, JAMES C
Address: 9138 FORT KING RD.
City-St-Zip: ZEPHYRHILLS, FL 335414231

Title: T () Delete
Name: YEOMANS, MARY C
Address: RT. 7 BOX 951
City-St-Zip: QUINCY, PI 32351

Title: D (X) Delete
Name: CHRISTENSEN, CONNIE C
Address: 1141 S.W. 8TH TERRACE
City-St-Zip: FT. LAUDERDALE, FL 33315

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KOPROWSKI, JOHN T
Address: P.O. BOX 890
City-St-Zip: ZEPHYRHILLS, FL 33539 US

Title: S (X) Change () Addition
Name: AMMERMAN, JAMES C
Address: 7138 FORT KING ROAD
City-St-Zip: ZEPHYRHILLS, FL 33541 US

Title: VP (X) Change () Addition
Name: CHRISTENSEN, CONNIE C
Address: 1141 S.W. 8TH TERRACE
City-St-Zip: FORT LAUDERDALE, FL 33315 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY YEOMANS

T

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date