


FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90174 024 ****70.00

DOCUMENT # N93000004186 1. Entity Name FLORIDA VIETNAM VETERANS ASSISTANCE FOUNDATION, INC.	
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Principal Place of Business 1280 N CONGRESS AVE #213 WEST PALM BEACH, FL 33409	Mailing Address 9792 OLD FEDERAL RD QUINCY, FL 32351
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc. 3974 OKEECHOBEE BLVD #2	Suite, Apt. #, etc. P.O. BOX 890	09252007 Chg-NP CR2E037 (12/06)
City & State WEST PALM BEACH, FL	City & State ZEPHYRHILLS, FL	4. FEI Number 65-0437065

Zip 33409	Country WPB	Zip 33539-0890	Country PASCO	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KOEHLER, DENNIS P ESQ 1280 N CONGRESS AVE #213 WEST PALM BEACH, FL 33409	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3974 OKEECHOBEE BLVD SUITE 2 WEST PALM BEACH City <div style="display: flex; justify-content: space-between;"> FL Zip Code 33409 </div>
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Amended AIR is \$61.25	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete KOPROWSKI, JOHN T	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6352 SPRING LAKE CIR ZEPHYRHILLS, FL 33540-7568
STREET ADDRESS	P.O. BOX 890	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33638	CITY-ST-ZIP	ZEPHYRHILLS, FL 33540-7568
TITLE	S <input type="checkbox"/> Delete AMMERMAN, JAMES C	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AMERMAN, JAMES C.
STREET ADDRESS	7138 FORT KING ROAD	STREET ADDRESS	
CITY-ST-ZIP	ZEPHYRHILLS, FL 33541	CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> Delete CHRISTENSEN, CONNIE C	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1141 S.W. 8TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33315	CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> Delete YEOMANS, MARY C	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T
STREET ADDRESS	RT. 7 BOX 951	STREET ADDRESS	BOUSER, MICHAEL J
CITY-ST-ZIP	QUINCY, FL 32351	CITY-ST-ZIP	4021 BELMOOR DR
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	PALM HARBOR, FL 34685
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: John T. Koprowski **JOHN T. KOPROWSKI** 3/27/07 8132783-1351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #