


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2008 8:00 am
Secretary of State

02-11-2008 90038 045 ****70.00

DOCUMENT # N93000004186			
1. Entity Name FLORIDA VIETNAM VETERANS ASSISTANCE FOUNDATION, INC.			
Principal Place of Business 3974 OKEECHOBEE BLVD #2 WEST PALM BEACH, FL 33409		Mailing Address P.O. BOX 890 ZEPHYRHILLS, FL 33539-0890	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc. 2511 WESTGATE AVE SUITE 7		Suite, Apt. #, etc.	
City & State WEST PALM BEACH FL		City & State	
Zip 33409	Country	Zip	Country
02012008		Chg-NP	CR2E037 (12/06)
4. FEI Number 65-0437065		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KOEHLER, DENNIS P ESQ 3974 OKEECHOBEE BLVD #2 WEST PALM BEACH, FL 33409		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2511 WESTGATE AVE SUITE 7 City WEST PALM BEACH FL Zip Code 33409	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE			
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOPROWSKI, JOHN T 6352 SPRING LAKE CIR ZEPHYRHILLS, FL 335407568 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUZANNE BLOHM-WEISER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 42 PEBBLE BEACH CIR FLAGLER BEACH, FL 32136
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AMERMAN, JAMES C <input checked="" type="checkbox"/> Delete 7138 FORT KING ROAD ZEPHYRHILLS, FL 33541	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KEVIN RUHL <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 157 JAMES CIRLE LAKE ALFRED FL 33850-0342
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHRISTENSEN, CONNIE C <input type="checkbox"/> Delete 1141 S.W. 8TH TERRACE FORT LAUDERDALE, FL 33315	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BEN HUMPHRIES <input type="checkbox"/> Change <input type="checkbox"/> Addition 225 23RD AVE VERO BEACH FL 32963
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOUSER, MICHAEL J <input type="checkbox"/> Delete 4021 BELMOOR DR PALM HARBOR, FL 34685	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>John T Koprowski</i>		2/7/2008 813 783-1351	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR JOHN T KOPROWSKI		Date Daytime Phone #	

Call 813 312 3020