

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000004186

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: FLORIDA VIETNAM VETERANS ASSISTANCE FOUNDATION, INC.

**Current Principal Place of Business:**

2511 WESTGATE AVE SUITE 7  
WEST PALM BEACH, FL 33409

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 890  
ZEPHYRHILLS, FL 335390890

**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  
2511 WESTGATE AVE SUITE 7  
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: P      ( ) Delete  
Name: KOPROWSKI, JOHN T  
Address: 6352 SPRING LAKE CIR  
City-St-Zip: ZEPHYRHILLS, FL 335407568 US

Title: S      ( ) Delete  
Name: BLOHM-WEBER, SUZANNE  
Address: 42 PEBBLE BEACH CIRCLE  
City-St-Zip: FLAGLER BEACH, FL 32136 US

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

Title: T      ( ) Delete  
Name: BOUSHER, MICHAEL J  
Address: 4021 BELMOOR DR  
City-St-Zip: PALM HARBOR, FL 34685

Title: D      ( ) Delete  
Name: RUHL, KEVIN  
Address: 157 JAMES CIRCLE  
City-St-Zip: LAKE ALFRED, FL 33850

Title: D      ( ) Delete  
Name: HUMPHRIES, BEN  
Address: 225 23RD AVE  
City-St-Zip: VERO BEACH, FL 32963

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S      (X) Change ( ) Addition  
Name: BLOHM-WEBER, SUZANNE  
Address: 34 BRISTOL DRIVE  
City-St-Zip: PALM COAST, FL 32137 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOHN T. KOPROWSKI

PRES

04/17/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date