

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004428 (9)

1. Corporation Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER #680 P
ALM BEACH GARDEN, FLORIDA



Principal Place of Business

Mailing Address

P.O. BOX 30606
PALM BEACH GARDENS FL 33410
US

P.O. BOX 30606
PALM BEACH GARDENS FL 33410
US

3. Date Incorporated or Qualified

09/14/1993

3a. Date of Last Report

01/03/1996

2. Principal Place of Business

2a. Mailing Address

21 P.O. Box 30606

26 P.O. Box 30606

4. FEI Number

65-0435755

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 City & State

27 City & State

23 Palm Beach Gardens FL

28 Palm Beach Gardens FL

24 Zip

25 Country

29 Zip

30 Country

24 33420

25 W. Palm Beach

29 W. Palm Beach

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHRIES, BEN L.
331 TEQUESTA DR
#214
TEQUESTA FL 33469

81 Name

Bell, Jeremiah

82 Street Address (P.O. Box Number is Not Acceptable)

10181 S.E. William DR P.O. Box 291

83

84 City

Hobe Sound

FL

85 Zip Code

33455-0291

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

Jeremiah Bell

Jeremiah Bell

6/12/96

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD. ☒ DELETE
NAME HUMPHRIES, BEN L.
STREET ADDRESS 331 TEQUESTA DR #214
CITY-ST-ZIP TEQUESTA FL 33469

1.1 TITLE PD ☐ Change ☐ Addition
1.2 NAME BELL, Jeremiah
1.3 STREET ADDRESS 10181 William DR P.O. Box 291
1.4 CITY-ST-ZIP Hobe Sound, FL 33455-0291

TITLE VP ☐ DELETE
NAME GOODELL, MARK
STREET ADDRESS 6701 MALLARDS COVE RD 18G
CITY-ST-ZIP JUPITER FL 33458

2.1 TITLE VP ☐ Change ☐ Addition
2.2 NAME CALL, CAROL
2.3 STREET ADDRESS 3821 ST AVE S.
2.4 CITY-ST-ZIP GREENACRES, FL 33463

TITLE T ☒ DELETE
NAME VAN TRUMP, JEAN
STREET ADDRESS 198 WANDERING TRAIL
CITY-ST-ZIP JUPITER FL 33458

3.1 TITLE T ☐ Change ☐ Addition
3.2 NAME Goodell, mark
3.3 STREET ADDRESS 6701 Mallards Cove Rd 16G
3.4 CITY-ST-ZIP Jupiter, FL 33458

TITLE S ☒ DELETE
NAME BELL, JEREMIAH
STREET ADDRESS 8384 PETTWAY
CITY-ST-ZIP HOBE SOUND FL 33475

4.1 TITLE S ☐ Change ☐ Addition
4.2 NAME Raymond Thompson
4.3 STREET ADDRESS 1518 W. Breezy Lane
4.4 CITY-ST-ZIP W. Palm Beach, FL 33417

TITLE D ☒ DELETE
NAME EDWARDS, WILLIAM R
STREET ADDRESS 5420 N OCEAN DR PH-1
CITY-ST-ZIP SINGER ISLAND FL

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME Seem S. HAZDING
5.3 STREET ADDRESS 6701 MALLARDS COVE RD APT #9E
5.4 CITY-ST-ZIP Jupiter, FL 33458

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME 300001893498
6.3 STREET ADDRESS -07/15/96--01023--028
6.4 CITY-ST-ZIP ***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Raymond Thompson

Date

467-882-7474

Daytime Phone #

06/11/96