## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATUR

## Aug 02, 2004 8:00 am Secretary of State DOCUMENT # N93000004428 08-02-2004 90018 047 \*\*\*\*61.25 VIETNAM VETERANS OF AMERICA, INC. CHAPTER #680 PALM BEACH GARDEN, FLORIDA Principal Place of Business Mailing Address P.O. BOX 30606 P.O. BOX 30606 PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL 33420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 65-0435755 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARDING, JEROME S Street Address (P.O. Box Number is Not Acceptable) 6701 MALLARDS COVE RD., APT. 9E JUPITER FL 33458 Zip Code 8. The above named entity subm he 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Detete TITLE Change ☐ Addition HARDING, JEROME S NAME 6701 MALLARDS COVE RD., APT. 9E STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition BERNHARDT, GRETCHEN NAME NAME 13246 DEER CREEK DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP TD TITLE . Delete TITLE Change \_ Addition GOODELL, MARC NAME NAME 6436 B CHASEWOOD DR. STREET ADDRESS STREET ADDRESS JUPITER FL 33458 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition SORG, TED F NAME 13246 DEER CREEK DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this thing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied ental report is price 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 for 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 these monowered.

FILED