FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:16

DOCUMENT # N93000004705 (0)

1. Corporation Name

VIETNAM VETERANS OF PUTNAM COUNTY, INC.

Principal Place of Business	Mailing Address
222 NORTH THIRD STREET PALATKA FL 32177	222 NORTH THIRD STREET PALATKA FL 32177

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/15/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3209618 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HOLMES, DONALD E 222 NORTH THIRD STREET PALATKA FL 32177 1	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	PD ☒ Change ☐ Addition
NAME	DAVIS, LEON	12 NAME	WILLIAM J. KNOTT
STREET ADDRESS	RT 3 BOX 1842	13 STREET ADDRESS	RT 2 BOX 488
CITY-ST-ZIP	PALATKA FL 32177	14 CITY-ST-ZIP	SATSUMA, FL 32189
TITLE	V	21 TITLE	VD ☒ Change ☐ Addition
NAME	BROOKS, KENNY	22 NAME	AL SHARP
STREET ADDRESS	RT 2 BOX 1604	23 STREET ADDRESS	119 TANNER TERRACE
CITY-ST-ZIP	PALATKA FL 32177	24 CITY-ST-ZIP	PALATKA, FL 32177
TITLE	T	31 TITLE	TD ☒ Change ☐ Addition
NAME	TROIANO, WAYNE	32 NAME	RICHARD SOLANA
STREET ADDRESS	1311 PROSPECT STREET	33 STREET ADDRESS	P.O. BOX 38 N/A
CITY-ST-ZIP	PALATKA FL 32177	34 CITY-ST-ZIP	SAN MATEO, FL 32187
TITLE	S D	41 TITLE	☐ Change ☐ Addition
NAME	FULGHAM, DEBBIE	42 NAME	
STREET ADDRESS	RT 4 BOX 1132	43 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL 32177	44 CITY-ST-ZIP	
TITLE	TRUSTEE	51 TITLE	☐ Change ☐ Addition
NAME	THOMAS F. EDWARDS	52 NAME	
STREET ADDRESS	105 OAK GROVE DR	53 STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 32177	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(i), 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: William J. Knott WILLIAM J. KNOTT 2-13-95 325-6517
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0024432