

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000004705 (0)**

1. Corporation Name

**VIETNAM VETERANS OF PUTNAM COUNTY, INC.**



Principal Place of Business

**222 NORTH THIRD STREET  
PALATKA FL 32177**

Mailing Address

**222 NORTH THIRD STREET  
PALATKA FL 32177**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**HOLMES, DONALD E  
222 NORTH THIRD STREET  
PALATKA FL 32177**

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 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

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

(If the Registered Agent signature appears when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	KNOTT, WILLIAM J	
STREET ADDRESS	RT 2 BOX 488	
CITY - ST - ZIP	SATSUMA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SHARP, AL	
STREET ADDRESS	119 TANNER TERRACE	
CITY - ST - ZIP	PALATKA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SOLANA, RICHARD	
STREET ADDRESS	P O BOX 38	
CITY - ST - ZIP	SAN MATEO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FULGHAM, DEBBIE	
STREET ADDRESS	RT 4 BOX 1132	
CITY - ST - ZIP	PALATKA FL 32177	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EDWARDS, THOMAS F	
STREET ADDRESS	105 OAK GROVE DR	
CITY - ST - ZIP	PALATKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
11 TITLE	VD	
12 NAME	JIM BRUCE	
13 STREET ADDRESS	RT 1 BOX 3645	
14 CITY - ST - ZIP	PALATKA, FL. 32177	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	MIKE TINDELL	
63 STREET ADDRESS	106 HILLCREST DR	
64 CITY - ST - ZIP	POMONA PARK, FL 32181	

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:

*Thomas F. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*March 29, 1996*

Date

*904-823-2250*

Daytime Phone #

CR2E037 (12/95)