

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

APPROVED
AND
FILED

1997 OCT -6 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
04/12/1996

4. FEI Number
59-3209618

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

HOLMES, DONALD E
222 NORTH THIRD STREET
PALATKA FL 32177

10. Name and Address of New Registered Agent

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☒ DELETE
NAME JIM BRUCE
STREET ADDRESS RT. 1 BOX 3645
CITY-ST-ZIP PALATKA FL

TITLE VP ☐ DELETE
NAME SHARP, AL
STREET ADDRESS 119 TANNER TERRACE
CITY-ST-ZIP PALATKA FL

TITLE TD ☒ DELETE
NAME SOLANA, RICHARD
STREET ADDRESS P O BOX 38
CITY-ST-ZIP SAN MATEO FL

TITLE S ☒ DELETE
NAME FULGHAM, DEBBIE
STREET ADDRESS RT 4 BOX 1132
CITY-ST-ZIP PALATKA FL 32177

TITLE PD ☒ DELETE
NAME EDWARDS, THOMAS F
STREET ADDRESS 105 OAK GROVE DR
CITY-ST-ZIP PALATKA FL

TITLE VP ☐ DELETE
NAME MIKE TINDELL
STREET ADDRESS 106 HILLCREST DR.
CITY-ST-ZIP POMONA PARK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☐ Change ☒ Addition
1.2 NAME DANNY BUCKLAND
1.3 STREET ADDRESS 6804 S.W. 7th ST
1.4 CITY-ST-ZIP GAINESVILLE, FL 32608

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME FRANCISCO RIVERA
3.3 STREET ADDRESS 205 SECOND WAY
3.4 CITY-ST-ZIP INTERLACHEN, FL 32148

4.1 TITLE S ☐ Change ☐ Addition
4.2 NAME JESSIE BRASSEL
4.3 STREET ADDRESS RT 1, BOX 541
4.4 CITY-ST-ZIP EAST PALATKA, FL 32131

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
600002315256-4
-10/08/97-01094--007
*****61.25 *****61.25

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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: MICHAEL T. TINDELL 8/16/97

CR2E037 (4/97)