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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000004705

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 21 YELVINGTON RD		2a. Mailing Address 26 P.O. BOX 2527		3. Date Incorporated or Qualified 10/15/1993	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-3209618	
City & State 23 EAST PALATKA		City & State 28 PALATKA, FL.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24 32131		Zip 29 32178		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25 PUTNAM		Country 30 PUTNAM			

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BUCKLAND, DANNY 6804 SW 78TH ST GAINESVILLE FL 32608	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRES. BUCKLAND, DANNY 6804 SW 78TH ST GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHARP, AL 119 TANNER TERRACE PALATKA FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	1ST VICE PRES. WILLIAMS, DON. 104 BURLAIGH RD. POMONA PARK, FL 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, FRANCISCO 205 SECOND WAY INTERLACHEN FL 32148	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	2ND VICE PRES. BOHANNON, RAY RT 1, BOX 322B PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RAY BOHANNON RT. 1, BOX 3228 PALATKA FL 32177	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TRES. TINDELL, MICHAEL P.O. BOX 703 POMONA PARK, FL 32181
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TINDELL, MIKE 106 HILLCREST DR POMONA PARK FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	TRUSTEE BRASSEL, DONG RT 1, BOX 541 PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

MICHAEL J. TINDELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/99 (904) 825-3796
Date Daytime Phone #

CR2E037 (11/98)