2005 NOT-FOR-PROFIT CORPORATION

SIGNATURE: 1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **ANNUAL REPORT** Jul 25, 2005 08:00 AM **DOCUMENT # N93000004705 Secretary of State** 1. Entity Name VIETNAM VETERANS OF PUTNAM COUNTY, INC. Principal Place of Business Mailing Address P.O. BOX 2527 YELVINGTON ROAD EAST PALATKA, FL 32131 PALATKA, FL 32178 07172005 No Chg-NP CR2E037 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3209618 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HOLMES, DONALD E DO NOT WRITE 222 NORTH THIRD STREET PALATKA, FL 32177 IN THIS SPACE 8. The above named entity submits this statement for the 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 agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Scondure, byperfor printed name of registered agent and little if applicable 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 U000000374433 Trust Fund Contribution. Added to Fees Due by September 7, 2005 07/25/05-80009-017 61.25 OFFICERS AND DIRECTORS 10. TITLE NAME TINDELL, MICHAEL STREET ADDRESS P.O. BOX 703 CITY-ST-ZIP POMONA PARK, FL 32181 1VP TITLE NAME BOHANNON, RAY STREET ADDRESS RT.1, BOX 3228 CITY-ST-ZIP PALATKA, FL 32177 TITLE NAME FEASTER, GERRY STREET ADDRESS 272 SILVER LAKE ROAD DO NOT WRITE CITY-ST-ZIP PALATKA, FL 32177 IN THIS SPACE TITEF KAME SOLANA, RICHARD STREET ADDRESS P.O BOX 38 CITY-ST-ZIP SAN MATEO, FL 32187 TITLE 2VP NAME BUCKLAND, DANNY STREET ADDRESS P.O BOX 703 CITY-ST-ZIP POMONA PARK, FL 32181 TITLE NAME O'CRODY, ODIK STREET ADDRESS 1603 CLEVELAND AVE. CITY-ST-ZIP PALATKA, FL 32177 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

7/22/05

Daytime Phone #