SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $165 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000003864 (5)**

1. Corporation Name

VIETNAM VETERANS OF AMERICA, INC., CHAPTER 655, OLUSTEE, FL

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 500 OLUSTEE FL 32072-0500	P.O. BOX 500 OLUSTEE FL 32072-0500

3. Date Incorporated or Qualified: 08/04/1994
3a. Date of Last Report:
4. FEI Number: [ ] Applied For [X] 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: [X] **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 P.O. BOX 500	Suite, Apt. #, etc. 27 P.O. BOX 500
City & State 23 SANDERSON, FLORIDA	City & State 28 SANDERSON, FLORIDA
Zip / Country 24 32087-500 / 25 BAKER	Zip / Country 29 32087-500 / 30 BAKER

9. Name and Address of Current Registered Agent

JACKSON, CHARLES W JR
BAKER CORRECTIONAL INSTITUTION
US HWY 90, WEST
OLUSTEE FL 32072-0500

10. Name and Address of New Registered Agent

01 Name: FRAZIER, MICHAEL #047172
02 Street Address (P.O. Box Number is Not Acceptable): BAKER CORRECTIONAL INSTITUTION
03 US HWY 90, WEST
04 City: SANDERSON, FL 05 Zip Code: 32087-500

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: Michael D. Frazier 7-12-95
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		11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D FRAZIER, MICHAEL D. (F-12) BAKER CORRECTIONAL INSTITUTION P.O. BOX 500, SANDERSON FL, 32087	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V/D KAHN, JEFF #068094 (E-108) BAKER CORRECTIONAL INSTITUTION P.O. BOX 500, SANDERSON FL, 32087	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/D HARRIS, TIMOTHY S. #139009 (F-80) BAKER CORRECTIONAL INSTITUTION P.O. BOX 500, SANDERSON FL, 32087	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T/D MENCIO, LUIS #192960 (D-26) BAKER CORRECTIONAL INSTITUTION P.O. BOX 500, SANDERSON FL, 32087	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		[ ] Change [ ] Addition

APPROVED FOR PAYMENT
SIGNED
TITLE
DATE 7/14/95

CR2E037 (3/95)

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: Michael D. Frazier 7-12-95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0017073