

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 # N94000003864 (5)
1. Corporation Name

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

Principal Place of Business

Mailing Address

P.O. BOX 500
SANDERSON FL 32087-500
US

P.O. BOX 500
SANDERSON FL 32087-500
US



3. Date Incorporated or Qualified
08/04/1994

3a. Date of Last Report
08/03/1995

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

10. Name and Address of New Registered Agent

FRAZIER, MIAHEL 047172
BAKER CORRECTIONAL INSTITUTION
US HWY 90 W
SANDE4RSON FL 32087

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

-05/28/96--01031--022

83

***70.00

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 PD FRAZIER, MIAHEL D ☐ DELETE

STREET ADDRESS P O BOX 500 NA

CITY-ST-ZIP SANDERSON FL

TITLE NAME VD KAHN, JEFF

STREET ADDRESS P O BOX 500 NA

CITY-ST-ZIP SANDERSON FL

TITLE NAME SD HARRIS, TIMOTHY S

STREET ADDRESS P O BOX 500 NS

CITY-ST-ZIP SANDERSON FL

TITLE NAME TD MENCIO, LUIS

STREET ADDRESS P O BOX 500

CITY-ST-ZIP SANDERSON FL

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

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TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

CORRECT ☐ Change ☐ Addition
FRAZIER, MICHAEL D

VD ☒ Change ☐ Addition

MULLER, HAROLD

P.O. BOX 500

SANDERSON, FL.

SD ☒ Change ☐ Addition

EATON, WAYNE

P.O. BOX 500

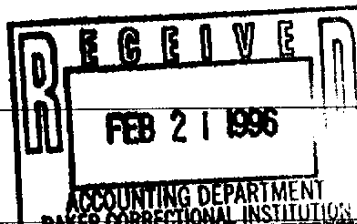
SANDERSON, FL.

TD ☒ Change ☐ Addition

WILLIAMS, DWIGHT

P.O. BOX 500

SANDERSON, FL.



14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of 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:

Michael DeWitt Frazier

Date

Daytime Phone #

CR2E037 (12/95)