

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32087-0500
US

97 JUN -3 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified
08/04/1994

3a. Date of Last Report
05/01/1996

4. FEI Number
NOT APPLICABLE

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRAZIER, MICHAEL 047172
BAKER CORRECTIONAL INSTITUTION
US HWY 90 W
SANDERSON FL 32087

81 Name FRAZIER, MICHAEL D. 047172

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

83 U.S. Hwy 90 W

84 City SANDERSON FL 85 Zip Code 32087

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

MICHAEL D. FRAZIER

1-15-97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME FRAZIER, MICHAEL D.
STREET ADDRESS P O BOX 500 NA
CITY-ST-ZIP SANDERSON FL

TITLE VD ☐ DELETE
NAME MULLER, HAROLD
STREET ADDRESS P O BOX 500 NA
CITY-ST-ZIP SANDERSON FL

TITLE SD ☒ DELETE
NAME EATON, WAYNE
STREET ADDRESS P O BOX 500 NA
CITY-ST-ZIP SANDERSON FL

TITLE TD ☒ DELETE
NAME WILLIAMS, DWIGHT
STREET ADDRESS P O BOX 500 NA
CITY-ST-ZIP SANDERSON FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

5P
RICHARDSON, NATHANIEL
P O BOX 500 NA
SANDERSON, FLORIDA 32087

TD
LOPEZ, DAVID
P O BOX 500 NA
SANDERSON, FLORIDA 32087

6/3/97
J.T. From Dept. of Correction

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 in an attachment with an address.

CR2E037 (9/96)