SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
**1998**

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

APPROVED AND FILED
98 OCT -5 PM 2:56
Secretary of State
Tallahassee, Florida

0000292

# 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<br>SANDERSON FL 32087-500<br>US | P.O. BOX 500<br>SANDERSON FL 32087-500<br>US |

3. Date Incorporated or Qualified: **08/04/1994**

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

7. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

9. **Name and Address of Current Registered Agent**

FRAZIER, MICHAEL D047172
BAKER CORRECTIONAL INSTITUTION
US HWY 90 W
SANDE4RSON FL 32087

10. **Name and Address of New Registered Agent**

81 Name: Irish, Stephen 315672
82 Street Address (P.O. Box Number is Not Acceptable): Baker Correctional Institution
83: P.O.Box 500
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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| TITLE | D | XX DELETE |
| NAME | FRAZIER, MICHAEL D | |
| STREET ADDRESS | P O BOX 500 NA | |
| CITY-ST-ZIP | SANDERSON FL | |
| TITLE | VD | XX DELETE |
| NAME | MULLER, HAROLD | |
| STREET ADDRESS | P.O. BOX 500 NA | |
| CITY-ST-ZIP | SANDERSON FL | |
| TITLE | SD | XX DELETE |
| NAME | RICHARDSON, NATHANIEL | |
| STREET ADDRESS | P.O. BOX 500 NA | |
| CITY-ST-ZIP | SANDERSON FL 32087 | |
| TITLE | TD | XX DELETE |
| NAME | LOPEZ, DAVID | |
| STREET ADDRESS | P.O. BOX 500 NA | |
| CITY-ST-ZIP | SANDERSON FL 32087 | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | [ ] DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

| | | |
|---|---|---|
| 1.1 TITLE | D | [ ] Change XX Addition |
| 1.2 NAME | Irish,Stephen | |
| 1.3 STREET ADDRESS | P O Box 500 NA | |
| 1.4 CITY-ST-ZIP | Sanderson Fl 32087 | |
| 2.1 TITLE | VD | [ ] Change XX Addition |
| 2.2 NAME | Sapp,James | |
| 2.3 STREET ADDRESS | P O Box 500 NA | |
| 2.4 CITY-ST-ZIP | Sanderson Fl 32087 | |
| 3.1 TITLE | SD | [ ] Change XX Addition |
| 3.2 NAME | Karabin,William | |
| 3.3 STREET ADDRESS | P O Box 500 NA | |
| 3.4 CITY-ST-ZIP | Sanderson Fl 32087 | |
| 4.1 TITLE | TD | [ ] Change XX Addition |
| 4.2 NAME | Mays,Gary | |
| 4.3 STREET ADDRESS | P O Box 500 | |
| 4.4 CITY-ST-ZIP | Sanderson Fl 32087 | |
| 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 | | |

$87 10/5

CR2E037 (5/98)

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.

**SIGNATURE:** Stephen Irish 9/4/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #