

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 # N94000003865 (2)

1. Corporation Name

VIETNAM VETERANS OF AMERICA, INC., CHAPTER 706
NAPLES, FLORIDA



Principal Place of Business

2984 55TH TERRACE, SW
NAPLES FL 33999

Mailing Address

P.O. BOX 990 381
NAPLES FL 33999

3. Date Incorporated or Qualified
08/04/1994

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

21 4170 Looking Glass Ln.

Suite, Apt. #, etc.

22 Apt #7

City & State

23 Naples, FL

24 Zip 33962

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
52-1876471

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

TRUELOVE, RAY
2984 55TH TERRACE, SW
NAPLES FL 33999

81 Name William Burd

82 Street Address (P.O. Box Number is Not Acceptable)
4170 Looking Glass Lane

83 Apt #7

84 City Naples

FL

85 Zip Code 33962

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

WILLIAM BURD, PRESIDENT

William Burd

3-14-96

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TRUELOVE, GERALD RAY
STREET ADDRESS 2984 55TH TERRACE SW
CITY-ST-ZIP NAPLES FL

☒ DELETE

1.1 TITLE P/D
1.2 NAME William Burd
1.3 STREET ADDRESS 4170 Looking Glass Lane, Apt #7
1.4 CITY-ST-ZIP Naples, FL 33962

☒ Change ☐ Addition

TITLE VD
NAME BURD, WILLIAM
STREET ADDRESS 4170 LOOKING GLASS LANE #7
CITY-ST-ZIP NAPLES FL

☒ DELETE

2.1 TITLE V/D
2.2 NAME Charles Verro
2.3 STREET ADDRESS 2611 Citrus Lake Drive #206
2.4 CITY-ST-ZIP Naples, FL 33942

☒ Change ☐ Addition

TITLE SD
NAME RAMIER, DENISE J
STREET ADDRESS 2611 CITRUS LAKE DRIVE #206
CITY-ST-ZIP NAPLES FL

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME MARANTO, WILLIAM R.
STREET ADDRESS 3230 25TH AVENUE S.W.
CITY-ST-ZIP NAPLES FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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

☐ Change ☐ Addition

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)(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:

William R. Maranto

William R. Maranto

3-8-96 (941)455-3093

Date

Daytime Phone #

CR2E037 (12/95)