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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94 000003865
1. Corporation Name
Vietnam Veterans of America, Inc.
Chapter 706, Naples, Florida

Principal Place of Business Mailing Address
2984 55th Terrace SW
Naples, FL. 34116 *SAME*

2. Principal Place of Business 21 <i>2984 55th Terrace SW</i> Suite, Apt. #, etc. 22 City & State 23 <i>Naples, FL.</i> Zip 24 <i>34116</i>	2a. Mailing Address 25 <i>2984 55th Terrace SW</i> Suite, Apt. #, etc. 26 City & State 27 <i>Same</i> Zip 28 <i>34116</i> Country 29 <i>Collier</i> 30
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3. Date Incorporated or Qualified <i>08-04-1994</i>	3a. Date of Last Report <i>3-8-96</i>
4. FEI Number <i>52-1876471</i>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
William Burd
4170 Looking Glass Lane
Apt 7
Naples, FL. 33962

81 Name <i>A.R. Truelove</i>	82 Street Address (P.O. Box Number is Not Acceptable) <i>2984 55th Terrace SW</i>
83	84 City <i>Naples</i>
85 State <i>FL</i>	86 Zip Code <i>34116</i>

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 *A.R. Truelove, Treasurer* DATE *5-19-97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<i>President/Director</i>
STREET ADDRESS	<i>Charles Hudson</i>
CITY-ST-ZIP	<i>13800 Tamiami Tr. #192</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Vice President/Director</i>
STREET ADDRESS	<i>Ronald G. Scott</i>
CITY-ST-ZIP	<i>116850. Genamara Cir.</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Secretary/Director</i>
STREET ADDRESS	<i>H.E. Siveren</i>
CITY-ST-ZIP	<i>1852 Granada Dr.</i>
TITLE	<input type="checkbox"/> DELETE
NAME	<i>Treasurer/Director</i>
STREET ADDRESS	<i>A.R. Truelove</i>
CITY-ST-ZIP	<i>2984 55th Terrace SW</i>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 on an attachment with an address.

SIGNATURE: *A.R. Truelove* G.R. TRAELOVE DATE *5-26-97* 941-352-2886
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)