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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003865 (2)**

1. Corporation Name

**VIETNAM VETERANS OF AMERICA, INC., CHAPTER 706 N
APLES, FLORIDA**

Principal Place of Business

Mailing Address

**2984 55TH TERRACE SW
NAPLES FL 34116**

**2984 55TH TERRACE SW
NAPLES FL 34116**

2. Principal Place of Business

2a. Mailing Address

21 3504 RADIO ROAD

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Naples, FL

28

Zip

Country

Zip

Country

24 34104

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/04/1994

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**

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

10. Name and Address of New Registered Agent

81 Name

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

83

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

TITLE ☐ DELETE

NAME **PD HUDSON, CHARLES**

STREET ADDRESS **13300 TAMiami TR, #182**

CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☒ DELETE

NAME **VPD SCOTT, RONALD L**

STREET ADDRESS **1168 SO. ALHAMBRA CIR**

CITY-ST-ZIP **NAPLES FL 34102**

TITLE ☐ DELETE

NAME **SD SIVERSEM, H.E.**

STREET ADDRESS **1852 GRANADA DR.**

CITY-ST-ZIP **MARCO ISLAND FL 33937**

TITLE ☐ DELETE

NAME **TD TRUELOVE, G.R.**

STREET ADDRESS **2984 55TH TERRACE SW**

CITY-ST-ZIP **NAPLES FL 34116**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 **VPD PeterSEN, Robert A**

2.3 STREET ADDRESS **9320 VANDERBILT DRIVE**

2.4 CITY-ST-ZIP **NAPLES, FL 34108**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **SD Ron Howell**

3.3 STREET ADDRESS **4400 29th PLACE S.W.**

3.4 CITY-ST-ZIP **NAPLES, FL 34116**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **TD Thomas G. UNSWORTH**

4.3 STREET ADDRESS **3504 RADIO ROAD**

4.4 CITY-ST-ZIP **NAPLES, FL 34104**

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

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: **Thomas G. UNSWORTH**

4-28-98 941-649-8111

CR2E037 (10/97)