FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400003865

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

Principal Place of Business

3504 RADIO ROAD NAPLES FL 34104

Mailing Address

2984 55TH TERRACE SW NAPLES FL 34116

FILED Feb 18, 1999 8:00am **Secretary of State**

02-18-1999 90136 034 ****61.25

Principal Place of Business 2a. Mailing Address					•			3. Date Incorporated or Qualifed						
1		26						/04/1994				1 4 1		
Suite, Apt. #	ŧ, etc.		Suite, Apt. #, etc.					Number 4076471			-	+	ed For Applicable	
22		27						<u>-1876471</u>			¢Q:		ditional	
City & State		<u> </u>	City & State -				5. Cei	rtifcate of Status I	Desired			e Requ		
23		28												
Zip	Country	<u> </u>	Zip r	Cou	intry			ction Campaign F st Fund Contribut	_			. 00 M ded to		
24	25	29		30				me and Address		Registered .		300 10		
	9. Name and Address of Current	Regist	ered Agent		81	Name	10. 144	ille alla Addition	<u> </u>		4			
					["ا				_					
TRUELOVE	E. G.R.				82	Street Ad	ddress (P.O.	Box Number is N	ot Accept	able)				
	I TERRACE SW													
NAPLES F					83									
					84	City					85	Zip Co	de	
						<u> </u>				FL	-	o ito s	raistered	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State o	and 61	7.1508, Florida Statute	es, the a	bove	e-named co	orporation su ation's board	ibmits this statemi	ent for the reby acce	ot the appoi	ntment	as regi	stered	
office or re	egistered agent, or both, in the State o m familiar with, and accept the obligati	t Florida ons of	a. Such change was a Section 617.0503, Flo	rida Stal	u by tutes.	uie corpora	ation's board	0, 0,00,0,0,0,0,0,0,0	,			_		
	III lainillai willi, and accept the congain	0,,0												
SIGNATURE	Signature, typed or printed name of registered agent	and title if	applicable. (NOTE	: Registere	Agen	t signature requ	uired when reinst	ating)		DATE	ID 6100	OTOP	C IN 42	
12.	OFFICERS AND	DIRE	CTORS	13.			ADE	DITIONS/CHANG	ES TO OF	FICERS AN	□ Cha		Addition	
TITLE	PD		☐ DELETE	1.1 T	ITLE							ange		
NAME	HUDSON, CHARLES			1.2 N	AME									
STREET ADDRESS	13300 TAMIAMI TR, #192			1.3 S	TREET	ADDRESS								
CITY-ST-ZIP	NAPLES FL 34116			1.4 0	TY-S	r-zip								
TITLE	VPD		☐ DELETE	2.1 T	TLE						Ch:	ange	☐ Addition	
NAME	PETERSEN, ROBERT A.			2.2 N	IAME									
STREET ADDRESS	9320 VANDERBILT DRIVE			2.3 9	TREET	ADDRESS								
	NAPLES FL 34108			2.4	CITY-S	ST-ZIP								
CITY-ST-ZIP TITLE	SD		☐ DELETE		TILE_						Ch	ange	Addition	
	HOWELL, RON			3.21	IAME	1								
NAME	4400 29TH PLACE S.W.			3.3 9	TREE	TADDRESS								
STREET ADDRESS	NAPLES FL 34116				CITY-S									
CITY-ST-ZIP			☐ DELETE		TITLE		<u> </u>				다	ange	☐ Addition	
TITLE	TD Unsworth, Thomas G.		_	4.2	NAME		•							
NAME	ATA - DADIO BOAD			Ŀ		T ADDRESS								
STREET ADDRESS					CITY-S	1								
CITY-ST-ZIP	NAPLES FL 34104		□ DELETE	_	TITLE		-				C	ange	☐ Addition	
TITLE					NAME									
NAME				5.3	STREE	T ADDRESS								
STREET ADDRESS					CITY-S	- 1								
CITY-ST-ZIP			DELETE		TITLE						□ Cł	ange	☐ Addition	
TITLE				6.2	NAME									
NAME	1					T ADDRESS								
STREET ADDRESS	6				CITY-S									
CITY-ST-ZIP		a alata d	iling does not qualify fo	0.4	omni	tion stated i	in Section 1	19.07(3)(i). Florida	Statutes	. I further ce	rtify tha	t the ir	formation	

I hereby certify that the information supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I indirect certify that the limited 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 cath; 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, with all other like empowered.

SIGNATURE: