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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1997

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

RECEIVED
MAR 20 1997
BUSINESS OFFICE

DOCUMENT # N95000002771 (2)

1. Corporation Name

VIETNAM VETERANS OF AMERICA, INC., CHAPTER #726
POLK CITY, FLORIDA

Principal Place of Business	Mailing Address
POLK CORRECTIONAL INST 3876 EVANS ROAD POLK CITY FL 33868-9213	VVA CHAPTER 726 P.O. BOX 1961 WINTER HAVEN FL 33883-1961

3. Date Incorporated or Qualified: 06/12/1995
3a. Date of Last Report: 09/06/1996

2. Principal Place of Business	2a. Mailing Address
21 POLK CORRECTIONAL INST.	26 VVA CHAPTER 726
Suite, Apt. #, etc. 22 10800 EVANS ROAD	Suite, Apt. #, etc. 27 10800 EVANS ROAD
City & State 23 POLK CITY, FL	City & State 28 POLK CITY, FL
Zip 24 33868 Country 25 USA	Zip 29 33868 Country 30 USA

4. FEI Number: 52-1910113 ☐ 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
MARQUART, LOUIS P.C.I. 3876 EVANS ROAD, BOX 50 PALK CITY FL 33868-9213	81 Name: MARQUART, LOUIS #901219 82 Street Address (P.O. Box Number is Not Acceptable): POLK CORRECTIONAL INSTITUTION 83 10800 EVANS ROAD 84 City: POLK CITY FL 85 Zip Code: 33868

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: LOUIS E. MARQUART, PRESIDENT #901219 — MARCH 3, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ENGLISH, ARCHIE PCI 3876 EVANS ROAD #865694 POLK CITY FL 33868-9213	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V ENGLISH, ARCHIE #865694 PCI 10800 EVANS ROAD POLK CITY, FL 33868	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VARNER, RONALD PCI 3876 EVANS ROAD #072291 POLK CITY FL 33868-9213	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D VARNER, RONALD #072291 PCI 10800 EVANS ROAD POLK CITY, FL 33868	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARSH, DAVIS PCI 3876 EVANS ROAD #015212 POLK CITY FL 33868-9213	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D MARSH, DAVID #015212 PCI 10800 EVANS ROAD POLK CITY, FL 33868	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MARQUART, LOUIS PCI 3876 EVANS ROAD #901219 POLK CITY FL 33868-9213	☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	P MARQUART, LOUIS #901219 PCI 10800 EVANS ROAD POLK CITY, FL 33868	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PARKER, GARY PCI 3876 EVANS ROAD #112768 POLK CITY FL 33868-9213	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	2nd VP JOHNSON, CHARLES #046455 PCI 10800 EVANS ROAD POLK CITY, FL 33868	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GREENE, RICHARD A PCI 3876 EVANS ROAD #015349 POLK CITY FL 33868-9213	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D MARTIN, HERBERT #139912 PCI 10800 EVANS ROAD POLK CITY, FL 33868	☐ Change ☒ Addition # JT-DOC. SCC 6-9-97

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.

CR2E037 (9/96)

PJT4 - 01 RUN DATE 05/08/97 AS OF 05/08/97
S - CENTRAL ACCOUNTING

ED JOURNAL TRANSACTIONS BY SWDN WITHIN BENEFITTING OLO AND SITE

T LOCATION - STATEWIDE
450000 - DEPARTMENT OF STATE
00 - DEPARTMENT OF STATE

OLO 700000 - DEPARTMENT OF CORRECTIONS
SITE 25 - CORRECTIONS - POLK CORRECTIONAL INSTITUT
(813)984-2273

D7000538878 ADOCNO V001824

ACCOUNT CODE	CF	TC	OBJECT	AMOUNT	BENEFITTING DATA ACCOUNT CODE	CF	TC	OBJECT
0 2 339063 70030000 25 040000 00		25	3990	61.25	45 20 2 130001 45300000 00 000100 00 INVOICE # N95000002 61.25		45	
SACTION CODE TOTAL - 25				61.25	45			61.25

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