

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

APPROVED  
AND  
FILED

98 MAR 18 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.  
10800 EVANS ROAD  
POLK CITY FL 33868**

**VVA CHAPTER 726  
10800 EVANS ROAD  
POLK CITY FL 33868**

3. Date Incorporated or Qualified

**06/12/1995**

4. FEI Number

**52-1910113**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARQUART, LOUIS  
POLK CORRECTIONAL INST.  
10800 EVANS ROAD  
POLK CITY FL 33868**

81 Name

**CHARLES JOHNSON**

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 *Charles Johnson*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-18-98  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V** ☒ DELETE  
NAME **ENGLISH, ARCHIE**  
STREET ADDRESS **PCI 10800 EVANS ROAD #865894**  
CITY-ST-ZIP **POLK CITY FL 33868**

1.1 TITLE **SEC** ☐ Change ☒ Addition  
1.2 NAME **TULLY, DENNIS**  
1.3 STREET ADDRESS **PCI 10800 EVANS ROAD #184614**  
1.4 CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **D** ☒ DELETE  
NAME **VARNER, RONALD**  
STREET ADDRESS **PCI 10800 EVANS ROAD #072291**  
CITY-ST-ZIP **POLK CITY FL 33868**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **DUNN, CHARLES**  
2.3 STREET ADDRESS **10800 EVANS ROAD #721527**  
2.4 CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **D** ☐ DELETE  
NAME **MARSH, DAVIS**  
STREET ADDRESS **PCI 10800 EVANS ROAD #015212**  
CITY-ST-ZIP **POLK CITY FL 33868**

3.1 TITLE **VP** ☒ Change ☐ Addition  
3.2 NAME **MARSH, DAVID**  
3.3 STREET ADDRESS **PCI 10800 EVANS ROAD #015212**  
3.4 CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **P** ☒ DELETE  
NAME **MARQUART, LOUIS**  
STREET ADDRESS **PCI 10800 EVANS ROAD #901219**  
CITY-ST-ZIP **POLK CITY FL 33868**

4.1 TITLE **ADMIN. VP** ☐ Change ☒ Addition  
4.2 NAME **DING, JAMES**  
4.3 STREET ADDRESS **10800 EVANS ROAD #098970**  
4.4 CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **VP** ☐ DELETE  
NAME **JOHNSON, CHARLES**  
STREET ADDRESS **PCI 10800 EVANS ROAD #046455**  
CITY-ST-ZIP **POLK CITY FL 33868**

5.1 TITLE **P** ☒ Change ☐ Addition  
5.2 NAME **JOHNSON, CHARLES**  
5.3 STREET ADDRESS **10800 EVANS ROAD #046455**  
5.4 CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **D** ☐ DELETE  
NAME **MARTIN, HERBERT**  
STREET ADDRESS **PCI 10800 EVANS ROAD #139912**  
CITY-ST-ZIP **POLK CITY FL 33868**

6.1 TITLE **TREASURER** ☐ Change ☒ Addition  
6.2 NAME **FADDIS, TERRY**  
6.3 STREET ADDRESS **PCI 10800 EVANS ROAD #053061**  
6.4 CITY-ST-ZIP **POLK CITY, FL 33868**

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.

SECRETARY

CP2E037 (10/97)

POSTED JOURNAL TRANSACTIONS BY SMDN WITHIN BENEFITTING OLO AND SITE

AUDIT LOCATION - STATEWIDE

OLO 450000 - DEPARTMENT OF STATE  
 SITE 00 - DEPARTMENT OF STATE

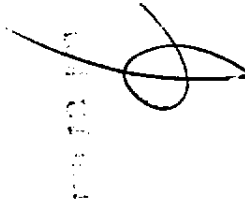
OLO 700000 - DEPARTMENT OF CORRECTIONS  
 SITE 25 - CORRECTIONS - POLK CORRECTIONAL INSTITUT  
 (813)984-2273

WDN D8000482955 ADOCNO V001565

ACCOUNT CODE		CF TC		OBJECT		AMOUNT		ACCOUNT CODE		CF TC		OBJECT	
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												61.25	45
												INVOICE #	N95000002

TRANSACTION CODE TOTAL - 25 61.25 45 61.25

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Annual Report Fees