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Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90018 030 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002771					
1. Corporation Name VIETNAM VETERANS OF AMERICA, INC., CHAPTER #726 POLK CITY, FLORIDA					
Principal Place of Business POLK CORRECTIONAL INST. 10800 EVANS ROAD POLK CITY FL 33868			Mailing Address VVA CHAPTER 726 10800 EVANS ROAD POLK CITY FL 33868		



2. Principal Place of Business 21 POLK CORR. INST. Suite, Apt. #, etc. 22 10800 EVANS ROAD City & State 23 POLK CITY, FLORIDA 33868 Zip Country 24 33868 25 POLK		2a. Mailing Address 26 VVA CHAPTER 726 Suite, Apt. #, etc. 27 10800 EVANS ROAD City & State 28 POLK CITY, FLORIDA 33868 Zip Country 29 33868 30 POLK		3. Date Incorporated or Qualified 06/12/1995	
		4. FEI Number 52-1910113		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent JOHNSON, CHARLES POLK CORRECTIONAL INST. 10800 EVANS ROAD POLK CITY FL 33868				10. Name and Address of New Registered Agent 81 Name FADDIS, TERRY 82 Street Address (P.O. Box Number is Not Acceptable) POLK CORR. INST 83 10800 EVANS ROAD 84 City POLK CITY 85 Zip Code FL 33868			
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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 **TERRY FADDIS** *Terry Faddis* **1/4/99**
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	S	<input type="checkbox"/> DELETE	1.1 TITLE	PREZ	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TULLY, DENNIS		1.2 NAME	FADDIS, TERRY			
STREET ADDRESS	PCI 10800 EVANS ROAD #184614		1.3 STREET ADDRESS	PCI 10800 EVANS ROAD #053061			
CITY-ST-ZIP	POLK CITY FL 33868		1.4 CITY-ST-ZIP	POLK CITY, FLORIDA 33868			
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	V.P.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUNN, CHARLES		2.2 NAME	DUNN, CHARLES			
STREET ADDRESS	10800 EVANS ROAD #721527		2.3 STREET ADDRESS	PCI 10800 EVANS ROAD #7211527			
CITY-ST-ZIP	POLK CITY FL 33868		2.4 CITY-ST-ZIP	POLK CITY, FLORIDA 33868			
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARSH, DAVIS		3.2 NAME	SHADE, O'VERY			
STREET ADDRESS	PCI 10800 EVANS ROAD #015212		3.3 STREET ADDRESS	PCI 10800 EVANS ROAD #087399			
CITY-ST-ZIP	POLK CITY FL 33868		3.4 CITY-ST-ZIP	POLK CITY, FLORIDA 33868			
TITLE	AV	<input type="checkbox"/> DELETE	4.1 TITLE	TRE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DIXON, JAMES		4.2 NAME	MCCLURE, MICHAEL			
STREET ADDRESS	10800 EVANS ROAD 098970		4.3 STREET ADDRESS	PCI 10800 EVANS ROAD #052636			
CITY-ST-ZIP	POLK CITY FL 33868		4.4 CITY-ST-ZIP	POLK CITY, FLORIDA 33868			
TITLE	P	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JOHNSON, CHARLES		5.2 NAME	DIXON, JAMES			
STREET ADDRESS	PCI 10800 EVANS ROAD #046455		5.3 STREET ADDRESS	PCI 10800 EVANS ROAD #098970			
CITY-ST-ZIP	POLK CITY FL 33868		5.4 CITY-ST-ZIP	POLK CITY, FLORIDA 33868			
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MARTIN, HERBERT		6.2 NAME	TEART, DAVE			
STREET ADDRESS	PCI 10800 EVANS ROAD #139912		6.3 STREET ADDRESS	PCI 10800 EVANS ROAD #049905			
CITY-ST-ZIP	POLK CITY FL 33868		6.4 CITY-ST-ZIP	POLK CITY, FLORIDA 33868			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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, with all other like empowered.

SIGNATURE: *Terry Faddis*
 SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
TERRY FADDIS

1-4-99

Daytime Phone #

CR2E037 (11/98)