

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90005 029 \*\*\*\*61.25

**DOCUMENT # N95000002771**

1. Entity 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

**SAME AS ABOVE**

3. Mailing Address

**SAME AS ABOVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-1910113**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FADDIS, TERRY  
POLK CORRECTIONAL INST.  
10800 EVANS ROAD  
POLK CITY FL 33868**

7. Name and Address of New Registered Agent

Name

**SAME AS BLOCK #6**

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**TERRY FADDIS**

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

(NOTE: Registered Agent signature required when reinstating)

**JAN 22, 2004**

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **FADDIS, TERRY**  
STREET ADDRESS **PCI 10800 EVANS ROAD, #053061**  
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **VP** ☒ Delete  
NAME **MROCZKO, RICHARD**  
STREET ADDRESS **10800 EVANS ROAD #165748**  
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D** ☐ Delete  
NAME **ANDE, JOSEPH**  
STREET ADDRESS **10800 EVANS ROAD #237271**  
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D** ☒ Delete  
NAME **LEGGETT, JOSEPH**  
STREET ADDRESS **10800 EVANS ROAD #037990**  
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **D** ☐ Delete  
NAME **CHRONICAN, HARVEY**  
STREET ADDRESS **10800 EVANS ROAD #181932**  
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **2VP** ☒ Delete  
NAME **HUGHES, CHARLES**  
STREET ADDRESS **10800 EVANS ROAD #483135**  
CITY-ST-ZIP **POLK CITY FL 33868**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Change ☒ Addition  
NAME **HUGHES, CHARLES**  
STREET ADDRESS **10800 EVANS ROAD #483135**  
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **2ND VP** ☐ Change ☒ Addition  
NAME **JOHNSON, CHARLES**  
STREET ADDRESS **10800 EVANS ROAD #046455**  
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **CHRONICAN, HARVEY**  
STREET ADDRESS **10800 EVANS ROAD #181932**  
CITY-ST-ZIP **POLK CITY, FL 33868**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: TERRY FADDIS, PRESIDENT**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/22/04**

Date

**N/A**

Daytime Phone #

**94008166**



MOORE

CR2E037 (11/03)