

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90229 048 \*\*\*\*70.00

**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  
**10800 EVANS RD**  
**POLK CITY, FL 33868**

40004411



2. Principal Place of Business - No P.O. Box #  
**Polk Correctional Inst.**

3. Mailing Address  
**10800 Evans Road**

Suite, Apt. #, etc.  
**N/A**

Suite, Apt. #, etc.  
**N/A**

01182007 Chg-NP CR2E037 (12/06)

City & State  
**Polk City, Florida**

City & State  
**POLK CITY, FLORIDA**

4. FEI Number  
**APPLIED FOR 52-1910113**

☒ Applied For  
☐ Not Applicable

Zip  
**33868-6925**

Country  
**USA**

Zip  
**33868**

Country  
**USA**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**WHITE, JAMES R**  
**10800 EVANS ROAD**  
**POLK CITY, FL 33868**

**7. Name and Address of New Registered Agent**

Name  
**LESTER LEE**

Street Address (P.O. Box Number is Not Acceptable)  
**10800 EVANS ROAD**

City  
**POLK CITY**

FL Zip  
**33868**

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 **LESTER LEE** *Lester Lee*

**APRIL 10, 2007**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

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 **WHITE, JAMES R**  
STREET ADDRESS **1008 EVANS RD**  
CITY-ST-ZIP **POLK CITY, FL 33868**

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

TITLE **2VP** ☒ Delete  
NAME **MCCAULEY, CHARLES**  
STREET ADDRESS **10800 EVANS RD**  
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **S** ☐ Delete  
NAME **HINKLE, JAMES K**  
STREET ADDRESS **10800 EVANS RD**  
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE **T** ☐ Delete  
NAME **CLAYTON, PAUL M**  
STREET ADDRESS **10800 EVANS RD**  
CITY-ST-ZIP **POLK CITY, FL 33868**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE **PRESIDENT** ☒ Change ☐ Addition  
NAME **LESTER LEE**  
STREET ADDRESS **10800 EVANS ROAD**  
CITY-ST-ZIP **POLK CITY, FLORIDA 33868**

TITLE **2ND VP** ☒ Change ☐ Addition  
NAME **RICHARD MROCZKO**  
STREET ADDRESS **10800 EVANS ROAD**  
CITY-ST-ZIP **POLK CITY, FLORIDA 33868**

TITLE **1ST VP** ☒ Change ☐ Addition  
NAME **CHARLES MCCAULEY**  
STREET ADDRESS **10800 EVANS ROAD**  
CITY-ST-ZIP **POLK CITY, FLORIDA**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **LESTER LEE, PRESIDENT**

4-10-07

(863) 984-2273