

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002771

FILED
Apr 25, 2009
Secretary of State

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

Current Principal Place of Business:

POLK CORRECTIONAL INST.
10800 EVANS ROAD
POLK CITY, FL 33868

New Principal Place of Business:

Current Mailing Address:

10800 EVANS RD
POLK CITY, FL 33868

New Mailing Address:

POLK CORRECTIONAL INST.
10800 EVANS ROAD
POLK CITY, FL 33868

FEI Number: 52-1910113

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, LESTER
10800 EVANS ROAD
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEE, LESTER
Address: 10800 EVANS ROAD
City-St-Zip: POLK CITY, FL 33868

Title: 2VP () Delete
Name: BARNES, ROBERT
Address: 10800 EVANS ROAD #095677
City-St-Zip: POLK CITY, FL 33868

Title: VP () Delete
Name: MCCAULEY, CHARLES
Address: 10800 EVANS RD
City-St-Zip: POLK CITY, FL 33868

Title: S () Delete
Name: ROGERS, JOHN
Address: 10800 EVANS RD
City-St-Zip: POLK CITY, FL 33868

Title: T () Delete
Name: MCCONNAHA, CHARLES
Address: 10800 EVANS RD
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: BAKER, DWIGHT
Address: 10800 EVANS ROAD
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VP (X) Change () Addition
Name: MCCAULEY, CHARLES
Address: 10800 EVANS RD
City-St-Zip: POLK CITY, FL 33868

Title: S (X) Change () Addition
Name: JORDAN, JAMES
Address: 10800 EVANS RD
City-St-Zip: POLK CITY, FL 33868

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESTER LEE

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

Date