


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000285 (4)**  
1. Corporation Name

**FLORIDA VETERANS POLITICAL ACTION COMMITTEE, INC**



Principal Place of Business <b>5191 DEERFIELD AVENUE SPRING HILL FL 34608</b>	Mailing Address <b>5191 DEERFIELD AVENUE SPRING HILL FL 34608-2333</b>
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2. Principal Place of Business <b>21 9213 PEGASUS AVENUE</b>		2a. Mailing Address <b>26 9213 PEGASUS AVENUE</b>		3. Date Incorporated or Qualified <b>01/16/1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>59-3358590</b>		Applied For Not Applicable	
22 City & State <b>23 PORT RICHEY, FL.</b>		27 City & State <b>28 PORT RICHEY, FL.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Zip <b>34668</b>		25 Country <b>US</b>		29 Zip <b>34668</b>		30 Country <b>US</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>YOUNG, JAMES A 5191 DEERFIELD AVENUE SPRING HILL FL 34608</b>				10. Name and Address of New Registered Agent			
81 Name <b>JOHN C. KINNEY</b>				82 Street Address (P.O. Box Number is Not Acceptable) <b>9213 PEGASUS AVENUE</b>			
83				84 City <b>PORT RICHEY</b> <b>FL</b>			
				85 Zip Code <b>34668</b>			

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JOHN C. KINNEY** *John C Kinney*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**400002092394**  
**-02/19/97/12497-054**  
**\*\*\*70.00** DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	(P) <b>EUGENE OSBANE</b>			
NAME		1.2 NAME		<b>9911 ISLAND HARBOR DRIVE</b>			
STREET ADDRESS		1.3 STREET ADDRESS		<b>PORT RICHEY, FL. 34668</b>			
CITY-ST-ZIP		1.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	(V) <b>JAMES L. HOLLINGSWORTH</b>			
NAME		2.2 NAME		<b>7600 DEEDRA DRIVE</b>			
STREET ADDRESS		2.3 STREET ADDRESS		<b>PORT RICHEY, FL. 34668</b>			
CITY-ST-ZIP		2.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	(S) <b>JAMES J. FIANNAGAN</b>			
NAME		3.2 NAME		<b>1266 BISHOP ROAD</b>			
STREET ADDRESS		3.3 STREET ADDRESS		<b>SPRING HILL, FL. 34608</b>			
CITY-ST-ZIP		3.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	(T) <b>JOHN C. KINNEY</b>			
NAME		4.2 NAME		<b>9213 PEGASUS AVENUE</b>			
STREET ADDRESS		4.3 STREET ADDRESS		<b>PORT RICHEY, FL. 34668</b>			
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	(D) <b>WILLIAM MARTIN</b>			
NAME		5.2 NAME		<b>9921 ISLAND HARBOR DRIVE</b>			
STREET ADDRESS		5.3 STREET ADDRESS		<b>PORT RICHEY, FL. 34668</b>			
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	(D) <b>Peter Puentes</b>			
NAME		6.2 NAME		<b>10230 OAK DRIVE</b>			
STREET ADDRESS		6.3 STREET ADDRESS		<b>HUDSON, FL. 34669</b>			
CITY-ST-ZIP		6.4 CITY-ST-ZIP					

14. I do 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.

CR2E037 (9/96)

Vb 2-19

## **BOARD OF DIRECTORS**

1/24/97

To whom it may concern,

**Please time/date stamp the second copy of the  
"Certification as Registered Agent letter and return.**

**Thank You,**

*John C. Kinney*  
**John C. Kinney**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 617.0502 AND 617.1508, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

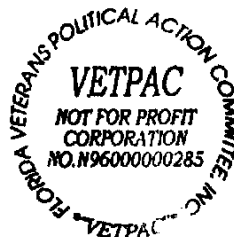
1. The name of the Corporation is: **FLORIDA VETERANS POLITICAL ACTION COMMITTEE, INC.**
2. The name and address of the registered agent and office is:

**JOHN C. KINNEY  
9213 PEGASUS AVENUE  
PORT RICHEY, FLORIDA 34668**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

John C Kinney  
(Signature)

1/24/97  
(Date)



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*John C. Kinney*  
(Signature)

1/24/97  
(Date)

