

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90206 004 \*\*\*\*61.25

DOCUMENT # N96000002898

1. Corporation Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER 761 OR  
LANDO, FLORIDA

Principal Place of Business

3148 BRIDGEFORD DR  
SUITE 1500  
ORLANDO FL 32812-6083  
US

Mailing Address

P O BOX 570237  
SUITE 1500  
ORLANDO FL 32857-0237  
US



2. Principal Place of Business

21 5344 Lake Underhill RD

Suite, Apt. #, etc.

22

City & State

23 Orlando, FL 32807-1658

Zip

Country

25

2a. Mailing Address

26 PO Box 570237

Suite, Apt. #, etc.

27

City & State

28 Orlando, FL 32857-0237

Zip

Country

29

30

3. Date Incorporated or Qualified

05/20/1996

4. FEI Number

59-3394578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

SWOSZOWSKI, RICHARD H  
5344 LAKE UNDERHILL RD  
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

*Richard H. Swoszowski*

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

(NOTE: Registered Agent signature required when reinstating)

6/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE P ~~XX~~DELETE  
NAME MAURY, RONALD W  
STREET ADDRESS 3148 BRIDGEFORD DR  
CITY-ST-ZIP ORLANDO FL 32812

TITLE VD ~~XX~~DELETE  
NAME SWOSZOWSKI, RICHARD H  
STREET ADDRESS 5344 LAKE UNDERHILL RD  
CITY-ST-ZIP ORLANDO FL 32807

TITLE STD ~~XX~~DELETE  
NAME DERSHIMER, DAVID M  
STREET ADDRESS 746 TRAIL WOOD DR  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 3217-0860

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition  
1.2 NAME Richard  
1.3 STREET ADDRESS 5344 Lake Underhill RD  
1.4 CITY-ST-ZIP Orlando, FL 32807

2.1 TITLE Vice President ☐ Change ☐ Addition  
2.2 NAME Ralph Sharer  
2.3 STREET ADDRESS 3147 Ash Loop Rd  
2.4 CITY-ST-ZIP Winter Park FL 32792

3.1 TITLE Secretary/Treasurer ☐ Change ☐ Addition  
3.2 NAME Beverley Conlon  
3.3 STREET ADDRESS 433 Hidden Loop Rd  
3.4 CITY-ST-ZIP Fern Park, FL 32730

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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:

*Richard H. Swoszowski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/30/99

Date

407-277-5392

Daytime Phone #