

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90180 011 ****78.75

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2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000002898					
1. Entity Name VIETNAM VETERANS OF AMERICA, INC. CHAPTER 761 ORLANDO, FLORIDA					
Principal Place of Business 5045 RED BAY DR. ORLANDO, FL 32829		Mailing Address 5045 RED BAY DR. ORLANDO, FL 32829			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3394578	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SWOSZOWSKI, RICHARD H. 8014 BATTERAS RD 5045 RED BAY DR ORLANDO, FL 32822 32829				Name 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<p>Filing Fee is \$61.25 Due by May 1, 2005</p>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<p>\$5.00 May Be Added to Fees</p> <p>Make check payable to Florida Department of State</p>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWOSZOWSKI, RICHARD H		NAME		
STREET ADDRESS	5045 RED BAY DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SWOSZOWSKI, NOREEN F		NAME		
STREET ADDRESS	5045 RED BAY DR.		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32829		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIMES, RICHARD		NAME		
STREET ADDRESS	2290 ROCKINGHAM CIR		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BERG, GILBERT		NAME		
STREET ADDRESS	4959 TENSION PLACE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32812		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <i>Richard H. Swoszowski</i>			Date: April 5 2005		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		