


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90101 028 ****70.00

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01192006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3394578

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

Applied For
Not Applicable

6. Name and Address of Current Registered Agent	
SWOSZOWSKI, RICHARD H 5045 RED BAY DR ORLANDO, FL 32829	

7. Name and Address of New Registered Agent	
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.

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	NAME	SWOSZOWSKI, RICHARD H	TITLE		NAME	
STREET ADDRESS	5045 RED BAY DR.	CITY-ST-ZIP	ORLANDO, FL 32829	STREET ADDRESS		CITY-ST-ZIP	
TITLE	STD	NAME	SWOSZOWSKI, NOREEN F	TITLE		NAME	
STREET ADDRESS	5045 RED BAY DR.	CITY-ST-ZIP	ORLANDO, FL 32829	STREET ADDRESS		CITY-ST-ZIP	
TITLE	D	NAME	GRIMES, RICHARD	TITLE		NAME	
STREET ADDRESS	2290 ROCKINGHAM CIR	CITY-ST-ZIP	ORLANDO, FL 32808	STREET ADDRESS	758 SHERWOOD TERR. DRIVE APT 101	CITY-ST-ZIP	ORLANDO, FL 32818
TITLE	V	NAME	BERG, GILBERT	TITLE		NAME	
STREET ADDRESS	4959 TENSON PLACE	CITY-ST-ZIP	ORLANDO, FL 32812	STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		CITY-ST-ZIP		STREET ADDRESS		CITY-ST-ZIP	
TITLE		NAME		TITLE		NAME	
STREET ADDRESS		CITY-ST-ZIP		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: *Noreen F Swoszowski* **STD** *1-19-06* *(407) 282-2291*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #