

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000002898

FILED
Feb 17, 2007
Secretary of State

Entity Name: VIETNAM VETERANS OF AMERICA, INC. CHAPTER 761 ORLANDO, FLORIDA

Current Principal Place of Business:

5045 RED BAY DR.
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

5045 RED BAY DR.
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 59-3394578

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SWOSZOWSKI, RICHARD H
5045 RED BAY DR
ORLANDO, FL 32829 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: PD () Delete
Name: SWOSZOWSKI, RICHARD H
Address: 5045 RED BAY DR.
City-St-Zip: ORLANDO, FL 32829

Title: STD () Delete
Name: SWOSZOWSKI, NOREEN F
Address: 5045 RED BAY DR.
City-St-Zip: ORLANDO, FL 32829

Title: D () Delete
Name: GRIMES, RICHARD
Address: 758 SHERWOOD TERR DR, APT 101
City-St-Zip: ORLANDO, FL 32818

Title: V () Delete
Name: BERG, GILBERT
Address: 4959 TENSION PLACE
City-St-Zip: ORLANDO, FL 32812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: GRIMES, RICHARD
Address: 4381 WHITE PINE AVE
City-St-Zip: ORLANDO, FL 32811

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

I hereby certify that the information supplied with this filing does not qualify for the 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: NOREEN F. SWOSZOWSKI

STD

02/17/2007

Electronic Signature of Signing Officer or Director

Date