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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N97000002903

1. Corporation Name

FLORIDA WEST COAST VIETNAM VETERANS ASSISTANCE FOUNDATION INC.

372837 - 90044 - 6

Principal Place of Business	Mailing Address
P.O. BOX 48941 ST. PETERSBURG FL 33743-8941	P.O. BOX 48941 ST. PETERSBURG FL 33743-8941

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/19/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3448847 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip Country 24 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RICH, FRANK 13911 85TH TERRACE NORTH SEMINOLE FL 33776-2922	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PRESIDENT D	☐ DELETE	1.1 TITLE	PRESIDENT D	☒ Change ☐ Addition
NAME	CANNON, ROBERT		1.2 NAME		
STREET ADDRESS	P.O. BOX 13573 N/A		1.3 STREET ADDRESS	5001 - 8 AVE S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33723		1.4 CITY-ST-ZIP	GULFPORT, FL 33707	
TITLE	D	☒ DELETE	2.1 TITLE	V. PRESIDENT D	☐ Change ☒ Addition
NAME	BLUME, PETER		2.2 NAME	JAMES MATHVIN	
STREET ADDRESS	8497 75TH AVE		2.3 STREET ADDRESS	17715 GULF BLVD. #204	
CITY-ST-ZIP	SEMINOLE FL 33777		2.4 CITY-ST-ZIP	REDINGTON SHORES, FL 33708 D	
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MUNSON, GEORGE		3.2 NAME		
STREET ADDRESS	6201 12TH AVE S		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		3.4 CITY-ST-ZIP		
TITLE	TREASURER T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RICH, FRANK		4.2 NAME		
STREET ADDRESS	13911 85TH TERRACE N		4.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 33776		4.4 CITY-ST-ZIP		
TITLE D		☐ DELETE	5.1 TITLE	SECRETARY D	☐ Change ☒ Addition
NAME			5.2 NAME	THOMAS MC KEON	
STREET ADDRESS			5.3 STREET ADDRESS	11122 - 137 ST N.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	LARGO, FL 33774-4135	
TITLE		☐ DELETE	6.1 TITLE	TRUSTEE T	☐ Change ☒ Addition
NAME			6.2 NAME	LINDA PAWLIK	
STREET ADDRESS			6.3 STREET ADDRESS	1363 So. DUNCAN	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CLEARWATER, FL. 33756 T	

CR2E037 (11/98)

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: FRANK RICH SIGNATURE OF PRESIDENT FRANK RICH 1/10/99 727-398-1561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #