2000 UNIFORM BUSINESS REPORT (UBR) FILED Jun 05, 2000 8:00 am Secretary of State **DOCUMENT #** N97000002903 1. Entity Name FLORIDA WEST COAST VIETNAM VETERANS 06-05-2000 90021 010 ****61.25 ASSISTANCE FOUNDATION, INC. Principal Place of Business Mailing Address P.O. Box 551 Indian Rocks Beach, FL 33785-0551 N0058068 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3448847 Not Applicable \$8.75 Additional Country Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Thomas R. McKeon Street Address (P.O. Box Number is Not Acceptable)
11122 137th Street Largo 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. 5/7/00 Thomas R. McKeon, Secretary SIGNATURE (HOTE Registered Agent signature required when reinstating) tite il applicable 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: Added to Fees . 1 Trust Fund Contribution. Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Channe ☐ Addition III Delete TITLE Ρ TITLE James R. Methvin, NAME NAME 17715 Gulf Blvd., #204 STREET ADDRESS STREET ADDRESS Redington Shores, FL 33708 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE VP Wayne A. Webber NAME NAME 1533 Pelican Place STREET ADDRESS STREET ADDRESS Palm Harbor, FL 34683 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete TITLE George D. Munson NAME NAME 12th Avenue S. 6201 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP St. Petersburg, FL 33707 ☐ Change ☐ Addition Thomas R. McKeon S NAME NAME 11122 137th Street N. STREET ADDRESS STREET ADDRESS Largo, FL 33774-4135 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TIFLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. If 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.

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Thomas R. McKeon

☐ Delete

5/7/00

Addition

☐ Change