


FILE NOW: FILING FEE IS \$61.25

FILED
May 07, 1999 8:00 am
Secretary of State

05-07-1999 90176 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005990					
1. Corporation Name VIETNAM VETERANS OF AMERICA, INC. CHAPTER 814-OCALA, FL					
Principal Place of Business 52 NEVERBEND DR. OCALA FL 34482		Mailing Address 52 NEVERBEND DR. OCALA FL 34482			
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 10/20/1998	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 25		Country 29	
Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent MANNIN, THOMAS F 52 NEVERBEND DR. OCALA FL 34482			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D <input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	MANNIN, THOMAS F	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	52 NEVERBEND DR.	1.2 NAME			
CITY-ST-ZIP	OCALA FL 34482	1.3 STREET ADDRESS			
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP			
NAME	JOHNSON, JAMES F	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	52 NEVERBEND DR.	2.2 NAME			
CITY-ST-ZIP	OCALA FL 34482	2.3 STREET ADDRESS			
TITLE	D <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP			
NAME	WHITTIER, HANK	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	52 NEVERBEND DR.	3.2 NAME			
CITY-ST-ZIP	OCALA FL 34482	3.3 STREET ADDRESS			
TITLE	D <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP			
NAME	MESKIN, PHILLIP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	52 NEVERBEND DR.	4.2 NAME			
CITY-ST-ZIP	OCALA FL 34482	4.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		5.2 NAME			
CITY-ST-ZIP		5.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP			
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)