

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2007 8:00 am
Secretary of State

01-30-2007 90008 035 ****70.00

DOCUMENT # N99000002733

1. Entity Name
**VIETNAM VETERANS OF AMERICA, INC., CHAPTER
#826-PANAMA CITY, FL.**



Principal Place of Business
**2217 EAST CALLAWAY HGTS
PANAMA CITY, FL 32404**

Mailing Address
**PO BOX 10098
PANAMA CITY, FL 32404**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01182007 Chg-NP CR2E037 (12/06)



4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NIECIECKI, PETER S
2217 EAST CALLAWAY HGTS
PANAMA CITY, FL 32404**

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.

SIGNATURE *Peter S. Niececki*

Signature, typed or printed name of registered agent and title if applicable.

John B. Niececki

(NOTE: Registered Agent signature required when reinstating)

28 January 2007

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME NIECIECKI, PETER S
STREET ADDRESS 2217 EAST CALLAWAY HGTS
CITY-ST-ZIP PANAMA CITY, FL 32404 ☒ Delete

TITLE VPD
NAME MURPHY, EDWARD
STREET ADDRESS 8318 ELIZABETH AVENUE
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408 ☒ Delete

TITLE TD
NAME HIXSON, JAMES
STREET ADDRESS 5130 N LAKEWOOD DR
CITY-ST-ZIP PANAMA CITY, FL 32404 ☒ Delete

TITLE SD
NAME HINSON, JAMES
STREET ADDRESS 5130 N LAKEWOOD DR
CITY-ST-ZIP PANAMA CITY, FL 32404 ☒ Delete

TITLE DT
NAME GRIBAS, MICHAEL
STREET ADDRESS 701 KRYSTAL LAND
CITY-ST-ZIP LYNN HAVEN, FL 32444 ☐ Delete

TITLE DT
NAME WENTWORTH, CLAYTON
STREET ADDRESS 3218 E 7TH STREET
CITY-ST-ZIP PANAMA CITY, FL 324011209 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME JAMES HIXSON
STREET ADDRESS 5130 N LAKEWOOD DR
CITY-ST-ZIP PANAMA CITY, FL 32404 ☒ Change ☐ Addition

TITLE VPD
NAME JON FILLINGAR
STREET ADDRESS 119 KIMBERLY CIRCLE
CITY-ST-ZIP PANAMA CITY, FL 32404 ☒ Change ☐ Addition

TITLE TD
NAME Peter S. Niececki
STREET ADDRESS 2217 E CALLAWAY HGTS
CITY-ST-ZIP PANAMA CITY, FL 32404 ☒ Change ☐ Addition

TITLE SD
NAME Peter S. Niececki
STREET ADDRESS 2217 E CALLAWAY HGTS
CITY-ST-ZIP PANAMA CITY FL 32404 ☒ Change ☐ Addition

TITLE DT
NAME Michael Gribas
STREET ADDRESS 701 KRYSTAL LAND
CITY-ST-ZIP LYNN HAVEN FL 32444 ☐ Change ☐ Addition

TITLE DT
NAME TRUETT LUCAS
STREET ADDRESS 3235 ORLANDO DR
CITY-ST-ZIP PANAMA CITY, FL 32404 ☐ Change ☒ Addition

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 *John B. Niececki*

28 January 2007