2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# N99000002733

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

Current Principal Place of Business:

2217 EAST CALLAWAY HGTS
PANAMA CITY, FL 32404

New Principal Place of Business:

Current Mailing Address:

PO BOX 10098
PANAMA CITY, FL 32404

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NIECIECKI, PETER S
2217 EAST CALLAWAY HGTS
PANAMA CITY, FL 32404 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: NIXSON, JAMES
Address: 5130 NORTH LAKEWOOD DR
City-St-Zip: PANAMA CITY, FL 32404

Title: VPD ( ) Delete
Name: COODY, EDWARD SR
Address: 11254 N EAST AVENUE
City-St-Zip: PANAMA CITY, FL 32405

Title: TD ( ) Delete
Name: NIECRECK, PETER
Address: 2217 E CALLAWAY
City-St-Zip: PANAMA CITY, FL 32404

Title: SD ( ) Delete
Name: NIECIECKI, PETER S
Address: 2214 EAST CALLAWAY HGST
City-St-Zip: PANAMA CITY, FL 32404

Title: DT ( ) Delete
Name: GRIBAS, MICHAEL
Address: 701 KRYSTAL LAND
City-St-Zip: LYNN HAVEN, FL 32444

Title: DT ( ) Delete
Name: LUCITS, TRUETT
Address: 3235 ORLANDO DR
City-St-Zip: PANAMA CITY, FL 32404

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change ( ) Addition
Name: NIECIECIECKI, PETER S
Address: 2217 E CALLAWAY
City-St-Zip: PANAMA CITY, FL 32404

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: PETER S. NIECIECKI DS 02/17/2009

Electronic Signature of Signing Officer or Director — Date