

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90043 017 ****61.25

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



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 Niececki - President X

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS: \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **BREKCFENFELD, BRUCE P**
STREET ADDRESS **1242 BERTHA AVE**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☒ Change ☐ Addition
NAME **TD Niececki, Peter**
STREET ADDRESS **2217 E Callaway Hgts**
CITY-ST-ZIP **Panama city FL 32404**

TITLE **STD** ☐ Delete
NAME **COTY, ALAN**
STREET ADDRESS **2217 EAST CALLAWAY HGTS**
CITY-ST-ZIP **PANAMA CITY FL 32404**

TITLE ☒ Change ☐ Addition
NAME **SD James Hixson**
STREET ADDRESS **FAKE name 5130 W Lakewood Dr**
CITY-ST-ZIP **Panama city FL 32404**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DT Michael Gribas**
STREET ADDRESS **701 KRYSTAL LAND**
CITY-ST-ZIP **Lynn Haven, FL 32444**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **DT CLAYTON Wentworth**
STREET ADDRESS **3218 E. 7th Street**
CITY-ST-ZIP **Panama city, FL 32401-1204**

12. 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 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: Peter Niececki SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

850 871 2630

Daytime Phone #

CR2E037 (10/02)