

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

DOCUMENT # N97000005841

1. Entity Name

VIETNAM VETERANS OF AMERICA, INC. CHAPTER  
#787 TAMPA, FLORIDA



05-06-2005 90173 001 \*\*\*\*61.25  
05-06-2005 90173 002 \*\*\*\*\*8.75

Principal Place of Business  
PO BOX 89247  
TAMPA FL 33689-0404

Mailing Address  
PO BOX 89247  
TAMPA FL 33689-0404

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

59-3500621

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALL, THOMAS  
2209 ALLWOOD AVENUE  
VALRICO FL 33594

7. Name and Address of New Registered Agent

Name **JAMES LAGARDE**  
Street Address (P.O. Box Number is Not Acceptable)  
**2806 LEWIS RD**

City **DOVER** FL Zip Code **33527**

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

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

**JAMES LAGARDE PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

**5-1-05**

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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	PT	<input checked="" type="checkbox"/> Delete
NAME	HALL, THOMAS H	
STREET ADDRESS	2209 ALLWOOD AVE.	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	WEATHERSBY, ROBERT M	
STREET ADDRESS	1222 FLORAL LANE	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAMM, TOM	
STREET ADDRESS	5112 WISPERING LEAF TRAIL	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUELLER, JON S	
STREET ADDRESS	2506 S OAK LANDING DR	
CITY-ST-ZIP	BRANDON FL 33511	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NYE, RICHARD	
STREET ADDRESS	1814 ALCORN ROAD	
CITY-ST-ZIP	VALRICO FL 33594	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOTT, RON	
STREET ADDRESS	PO BOX 1451	
CITY-ST-ZIP	VALRICO FL 33595	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAGARDE, JAMES	
STREET ADDRESS	2806 LEWIS RD	
CITY-ST-ZIP	DOVER, FL. 33527	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, DALE	
STREET ADDRESS	1547 KEYSVILLE RD.	
CITY-ST-ZIP	LITHIA, FL. 33547	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORTELT, CHARLES	
STREET ADDRESS	2815 LINDEN TREE ST.	
CITY-ST-ZIP	SEFFNER, FL. 33584	
TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUHL, KEVIN	
STREET ADDRESS	2506 ASTRO PL.	
CITY-ST-ZIP	SEFFNER, FL. 33584	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **Charles E. Ortelt** **CHARLES E. ORTELT (SECRETARY)** **5-1-05** **(813) 681-8369**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #