



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90028 025 \*\*\*\*70.00

<b>DOCUMENT # N97000005841</b> 1. Entity Name <b>VIETNAM VETERANS OF AMERICA, INC. CHAPTER #787</b> <b>TAMPA, FLORIDA</b>					
Principal Place of Business <b>PO BOX 89247</b> <b>TAMPA, FL 33689-0404</b>				Mailing Address <b>PO BOX 89247</b> <b>TAMPA, FL 33689-0404</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>LAGARDE, JAMES</b> <b>2806 LEWIS RD</b> <b>DOVER, FL 33527</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAGARDE, JAMES 2806 LEWIS RD DOVER, FL 33527	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Hall 2209 Alwood Av. Valrico, FL 33596	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WAGNER, DALE 1647 KEYSVILLE RD LITHIA, FL 33547	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARRIS, CARL 406 EAST YOUNG ST PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SILMSER, ROBERT 4701 BEAR CLAW CRT VALRICO, FL 33595	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BILMSER, ROBERT 4701 BEAR CLAW CT VALRICO, FL 33594	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUELLER, JON S 2506 S OAK LANDING DR BRANDON, FL 33511	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUHL, KEVIN 157 JAMES CIRCLE LAKE ALFREDO, FL 33850	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	R ROHL, KEVIN 2606 ASTRO PL SEFFNER, FL 33584	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE WILLIAMS 2902 N. 76 Street TAMPA FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOTT, RON PO BOX 4454 VALRICO, FL 33595	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE WILLIAMS 2902 N. 76 Street TAMPA FL 33619	<input type="checkbox"/> Change <input type="checkbox"/> 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 information.					
<b>SIGNATURE:</b> <u>James A. Lillard</u> <span style="float: right;">1/28/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

# ATTACHMENT

# 40013552

N97000005841

## Current List of Officers

<b>President</b>			
	LaGarde	James	
	2806 Lewis Road		
	Dover, FL 33527		
<b>Vice President</b>			
	Harris	Carl	
	406 East Young Street		
	Plant City, FL 33563		
<b>Secretary/Treasurer</b>			
	Silmser	Robert M.	
	4701 Bear Claw Court		
	Valrico, FL 33594		
<b>Director</b>			
	Ruhl	Kevin	
	157 James Circle		
	Lake Alfred, FL 33850		
<b>Director</b>			
	Williams	Steve	
	2902 North 75th St.		
	Tampa, FL 33619		
<b>Director</b>			
	Hall	Tom	
	2209 Allwood Avenue		
	Valrico, FL 33596		
<b>Director</b>			
	Muller	Jon	
	2506 South Oak Landing Drive		
	Brandon, FL 33511		

1/26/2008