

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005841

**Entity Name:** VIETNAM VETERANS OF AMERICA, INC. CHAPTER #787  
TAMPA, FLORIDA**Current Principal Place of Business:**7225 RIVER FOREST LN  
TAMPA, FL 33617**Current Mailing Address:**PO BOX 89247  
TAMPA, FL 33689 US**FEI Number: 59-3500621****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**THOMPSON, GARY D  
7225 RIVER FOREST LANE  
TAMPA, FL 33617 US*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: GARY D. THOMPSON****02/07/2019**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            FLETCHER, JIM  
Address        11301 MCMULLEN ROAD  
City-State-Zip: RIVERVIEW FL 33569

Title            1ST VP  
Name            WEBER , DAVE  
Address        P O BOX 89247  
City-State-Zip: TAMPA FL 33689

Title            CORRESPONDING SECRETARY  
Name            DUNNEHOO, FELDUN  
Address        PO BOX 89247  
City-State-Zip: TAMPA FL 33689

Title            TREASURER  
Name            THOMPSON, GARY  
Address        7225 RIVER FOREST LANE  
City-State-Zip: TAMPA FL 33617

Title            DIRECTOR  
Name            HARRIS, CARL  
Address        406 E YOUNG ST  
City-State-Zip: PLANT CITY FL 33563

Title            2ND VP  
Name            BRAUN, DAVE  
Address        510 ROBIN HILL CIRCLE  
City-State-Zip: BRANDON FL 33510

Title            DIRECTOR  
Name            HARDEN, DAN  
Address        7720 WILLIAMS ROAD  
City-State-Zip: SEFFNER FL 33584

Title            DIRECTOR  
Name            BATES, BOB  
Address        3309 LITTLE ACRE LANE  
City-State-Zip: PLANT CITY FL 33566

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*I hereby 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 all other like empowered.*

**SIGNATURE: GARY D. THOMPSON****TREASURER****02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                 DIRECTOR  
Name                HOWERTON, GUY  
Address             310 SAND RIDGE DR  
City-State-Zip:    VALRICO FL 33594

Title                 DIRECTOR  
Name                RAINEY, HERMAN  
Address             16145 BOYETTE RD  
City-State-Zip:    RIVERVIEW FL 33569