


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90465 004 \*\*\*\*61.25

|  |                                   |  |  |  |  |
|--|-----------------------------------|--|--|--|--|
| DOCUMENT # P30155  |                                   |  |  |   |  |
| 1. Entity Name<br><b>VIETNAM VETERANS OF AMERICA FOUNDATION, INC.</b>  |                                   |  |  |  |  |
| Principal Place of Business<br>1025 VERMONT AVE NW<br>7TH FLOOR<br>WASHINGTON, DC 20005 US   |                                   |  | Mailing Address<br>1025 VERMONT AVE NW<br>7TH FLOOR<br>WASHINGTON, DC 20005 US |  |  |
| 2. Principal Place of Business - No P.O. Box #   |                                   | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.  |  |  |  |
| City & State   |                                   | City & State   |  |  |  |
| Zip  | Country                           | Zip  | Country  | 4. FEI Number<br><b>13-3030278</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |                                   |  |  | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent  |                                   |  |  | 7. Name and Address of New Registered Agent  |  |
| GRADDY, KAREN<br>C/O REHAB ENGINEERING<br>1718 MAHAN DRIVE<br>TALLAHASSEE, FL 32308  |                                   |  |  | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |  |
| 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 _____<br><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><br><b>Due by May 1, 2007</b>  |                                   | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |  | <b>\$5.00 May Be</b><br><b>Added to Fees</b>   |  |
| <b>Make check payable to</b><br><b>Florida Department of State</b>   |                                   |  |  |  |  |
| 10. OFFICERS AND DIRECTORS   |                                   |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                          |  |  |
| TITLE  | C <input type="checkbox"/> Delete |  | TITLE  | See attached list <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |  |
| NAME   | MULLER, ROBERT O                  |  | NAME   |  |  |
| STREET ADDRESS   | 1025 VERMONT AVE NW., 7TH FLR     |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP  | WASHINGTON, DC 20005              |  | CITY - ST - ZIP  |  |  |
| TITLE  | D <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | TERZANO, JOHN F                   |  | NAME   |  |  |
| STREET ADDRESS   | 1025 VERMONT AVE NW, 7TH FLR      |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP  | WASHINGTON, DC 20005              |  | CITY - ST - ZIP  |  |  |
| TITLE  | D <input type="checkbox"/> Delete |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   | WILLIAMS, CRAIG                   |  | NAME   |  |  |
| STREET ADDRESS   | 1025 VERMONT AVE NW, 7TH FLR      |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP  | WASHINGTON, DC 20005              |  | CITY - ST - ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete   |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                   |  | NAME   |  |  |
| STREET ADDRESS   |                                   |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP  |                                   |  | CITY - ST - ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete   |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                   |  | NAME   |  |  |
| STREET ADDRESS   |                                   |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP  |                                   |  | CITY - ST - ZIP  |  |  |
| TITLE  | <input type="checkbox"/> Delete   |  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| NAME   |                                   |  | NAME   |  |  |
| STREET ADDRESS   |                                   |  | STREET ADDRESS   |  |  |
| CITY - ST - ZIP  |                                   |  | CITY - ST - ZIP  |  |  |
| 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 like empowered. |                                   |  |  |  |  |
| SIGNATURE: <u>PAUL M. THORASHER</u>  |                                   |  | <u>Paul M. Thorasher</u><br>CFO  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                                   |  | Date <u>4/23/07</u><br>Daytime Phone # <u>(202) 483-9222</u>                   |  |  |

40091873



# ATTACHMENT

40091873

# P30155

Veterans for America, Inc.

All officers/ directors should be contacted at  
1025 Vermont Avenue, NW  
7<sup>th</sup> Floor  
Washington, DC 20005

## Board of Directors

Robert O. Muller, President and Chairman of the Board  
1025 Vermont Avenue, NW  
7<sup>th</sup> Floor  
Washington, DC 20005

John Terzano, Vice President  
The Justice Project  
1025 Vermont Avenue, NW  
3<sup>rd</sup> Floor  
Washington, DC 20005

Craig Williams, Secretary/Treasurer  
143 E Haiti Road  
Berea, KY 40403

Robert Schiffer  
The Justice Project Education Fund  
1025 Vermont Avenue, NW  
3<sup>rd</sup> Floor  
Washington, DC 20005

Robert G. Gard, Jr., Lt. Gen. Ret.  
300 King Farm Blvd., #102  
Rockville, MD 20850

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David Addlestone  
3102 Cathedral Avenue, NW  
Washington, DC 20008