

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 26 AM 11:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 726469 (0)

1. Corporation Name
**RAY RENUART POST NO. 5718 VETERANS OF FOREIGN WA
WARS OF THE UNITED STATES, INC.**

Principal Place of Business Mailing Address
**45 ALMERIA AVENUE 45 ALMERIA AVENUE
P O BOX 340811 P O BOX 340811
CORAL GABLES FL 33134 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/22/1973** 3a. Date of Last Report **04/28/1994**
4. FEI Number **23-7134087** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Trust Fund Contribution Added to Fees**
7. Nonprofit with IRS 501(c)(3) **\$68.75 Supplemental
Tax Exempt Status Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.052,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LEE, GARY R.
12270 SW 30TH ST.
MIAMI FL 33145**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE DO
NAME **LEE, GARY R.**
STREET ADDRESS **12270 SW 30 STREET**
CITY - ST - ZIP **MIAMI, FL 00000**
TITLE ~~D~~
NAME ~~**KELLY, ALBERT**~~
STREET ADDRESS ~~**5931 SW 48TH ST.**~~
CITY - ST - ZIP ~~**MIAMI, FL 00008**~~
TITLE ~~D~~
NAME ~~**GAINSLEY, GERALD**~~
STREET ADDRESS ~~**3340 SW 16TH TERRACE**~~
CITY - ST - ZIP ~~**MIAMI FL**~~
TITLE ~~D~~
NAME ~~**LEVI, ROY E**~~
STREET ADDRESS ~~**3889 NW 6TH ST**~~
CITY - ST - ZIP ~~**MIAMI, FL 00000**~~
TITLE ~~D~~
NAME ~~**CHOCKLA, MITCHEL**~~
STREET ADDRESS ~~**6520 SW 63RD CT.**~~
CITY - ST - ZIP ~~**MIAMI FL**~~
TITLE ~~D~~
NAME ~~**SABE, MIKE J**~~
STREET ADDRESS ~~**6151 SW 109TH CT**~~
CITY - ST - ZIP ~~**MIAMI FL**~~

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME **CLARKE, JACQUES L.**
2.3 STREET ADDRESS **7700 Ponce de Leon Rd.**
2.4 CITY - ST - ZIP **MIAMI, FL 33143**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME **Delete**
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: *GARY R. LEE* **GARY R. LEE** 4/19/95 305 995-3022
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR (Date) (Home Phone #)