

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744960 (6)

1. Corporation Name

ARRANT SMITH POST NO. 4127 VETERANS OF FOREIGN WARS OF THE UNITED STATES INC.



Principal Place of Business: 601 N.E. 2ND. RD. HOMESTEAD FL 33030  
Mailing Address: 601 N.E. 2ND. RD. HOMESTEAD FL 33030

3. Date Incorporated or Qualified: 11/15/1978  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 SAME AS ABOVE  
2a. Mailing Address: 26 SAME AS ABOVE  
22 Suite, Apt. #, etc.: 27  
23 City & State: 28 SAME AS ABOVE  
24 Zip: 33030, Country: USA, 29 Zip: 33030, 30 Country: USA

4. FEI Number: 59-1097344  
Applied For: Not Applicable  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent  
CANNING, JAMES R  
601 NE 2ND RD  
HOMESTEAD FL 33030

10. Name and Address of New Registered Agent  
81 Name: CHARLES COBB  
82 Street Address (P.O. Box Number is Not Acceptable): 29746 SW 152ND AVENUE  
83 City: HOMESTEAD, FL  
84 City: HOMESTEAD, FL  
85 Zip Code: 33030

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: CHARLES COBB, COMMANDER  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  
Charles J Cobb  
DATE: MAY 7, 1996

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GRIFFITS, WALTER V	
STREET ADDRESS	18925 SW 355TH ST	
CITY-ST-ZIP	FLORIDA CITY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SULLIVAN, MICHAEL H	
STREET ADDRESS	22924 SW 150TH CT	
CITY-ST-ZIP	LEISURE CT FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SCULLION, EUGENE ROBERT	
STREET ADDRESS	601 NE 2ND RD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	CANNING, JAMES R	
STREET ADDRESS	29301 FLORIDA RD	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WINTERS, FLAN THOMAS	
STREET ADDRESS	1420 NE 11TH ST	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	COMMANDER - PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CHARLES COBB	
1.3 STREET ADDRESS	29746 SW 152ND AVE.	
1.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	
2.1 TITLE	SENIOR VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHARLES HENZEY VD	
2.3 STREET ADDRESS	1733 GREER AVE	
2.4 CITY-ST-ZIP	HOMESTEAD, FL 33050	
3.1 TITLE	JUNIOR VICE COMMANDER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RAYMOND ESPOSITO VD	
3.3 STREET ADDRESS	1907 SAN REMO CIRCLE	
3.4 CITY-ST-ZIP	HOMESTEAD, FL 33050	
4.1 TITLE	QUARTERMASTER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MICHAEL SULLIVAN TD	
4.3 STREET ADDRESS	22924 SW 150TH CT.	
4.4 CITY-ST-ZIP	LEISURE CITY, FL 33033	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Charles Cobb*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: 5/11/96  
Daytime Phone #: 305-245-4535

CR2E037 (12/95)