

**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 <b>11/15/1978</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-1097344</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. <b>SAME AS ABOVE</b>	26. <b>SAME AS ABOVE</b>
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.
23. <b>SAME AS ABOVE</b>	28. <b>SAME AS ABOVE</b>
24. Zip <b>33030</b> Country <b>USA</b>	29. Zip <b>33030</b> Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>CANNING, JAMES R 601 NE 2ND RD HOMESTEAD FL 33030</b>	10. Name and Address of New Registered Agent 81. Name <b>CHARLES COBB</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>29746 SW 152ND AVENUE</b> 83. <b>HOMESTEAD, FL</b> 84. City <b>HOMESTEAD</b> FL 85. Zip Code <b>33030</b>
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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** *Charles Cobb* **MAY 7, 1996**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>COMMANDER - PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>GRIFFITS, WALTER V</b>		1.2 NAME <b>CHARLES COBB</b>	
STREET ADDRESS <b>18925 SW 355TH ST</b>		1.3 STREET ADDRESS <b>29746 SW 152ND AVE.</b>	
CITY-ST-ZIP <b>FLORIDA CITY FL</b>		1.4 CITY-ST-ZIP <b>HOMESTEAD, FL 33030</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>SENIOR VICE COMMANDER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SULLIVAN, MICHAEL H</b>		2.2 NAME <b>CHARLES HENZEY VD</b>	
STREET ADDRESS <b>22924 SW 150TH CT</b>		2.3 STREET ADDRESS <b>1733 GREER AVE</b>	
CITY-ST-ZIP <b>LEISURE CT FL</b>		2.4 CITY-ST-ZIP <b>HOMESTEAD, FL 33050</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>JUNIOR VICE COMMANDER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCULLION, EUGENE ROBERT</b>		3.2 NAME <b>RAYMOND ESPOSITO VD</b>	
STREET ADDRESS <b>601 NE 2ND RD</b>		3.3 STREET ADDRESS <b>1907 SAN REMO CIRCLE</b>	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		3.4 CITY-ST-ZIP <b>HOMESTEAD, FL 33050</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>QUARTERMASTER</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CANNING, JAMES R</b>		4.2 NAME <b>MICHAEL SULLIVAN TD</b>	
STREET ADDRESS <b>29301 FLORIDA RD</b>		4.3 STREET ADDRESS <b>22924 SW 150TH CT.</b>	
CITY-ST-ZIP <b>HOMESTEAD FL 33030</b>		4.4 CITY-ST-ZIP <b>LEISURE CITY, FL 33033</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WINTERS, FLAN THOMAS</b>		5.2 NAME	
STREET ADDRESS <b>1420 NE 11TH ST</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>HOMESTEAD FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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* **5/11/96** **305-245-4535**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)