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Mar 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 744960 (6)

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  
4. FEI Number: 59-1097344

2. Principal Place of Business (21-24) and Mailing Address (25-30) details including Suite, Apt. #, City & State, Zip, and Country.

5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent: FARRELL, STEVE, 15200 S.W. 288TH ST. HOMESTEAD FL 33033

10. Name and Address of New Registered Agent: 81 Name: COLE, ROBERT; 82 Street Address: 18950 SW 311TH ST; 83; 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: [Signature] DATE: 2/8/98

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FARRELL, STEVE	
STREET ADDRESS	15200 S.W. 288TH ST.	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	COLE, BOB	
STREET ADDRESS	18950 S.W. 311TH ST	
CITY - ST - ZIP	HOMESTEAD FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	KOCI, GEORGE	
STREET ADDRESS	11758 S.W. 188TH ST	
CITY - ST - ZIP	PERRINE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SULLIVAN, MICHAEL	
STREET ADDRESS	22924 SW 150TH CT.	
CITY - ST - ZIP	LEISURE CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALDRIDGE, KIT	
STREET ADDRESS	13101 S.W. 280TH 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	COLE, ROBERT	
1.3 STREET ADDRESS	18950 SW 311TH ST	
1.4 CITY - ST - ZIP	HOMESTEAD, FL	
2.1 TITLE	Commander VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROBILLARD, EDWARD	
2.3 STREET ADDRESS	1361 SANDPIPER RD	
2.4 CITY - ST - ZIP	HOMESTEAD FL 33035	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	← SAME	
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	← SAME	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

SIGNATURE: [Signature] DATE: 2/8/98 DAYTIME PHONE: 305 245 4535