

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90006 021 \*\*\*\*70.00

**DOCUMENT # 744960**  
1. Entity Name  
**ARRANT SMITH POST NO. 4127 VETERANS OF FOREIGN WARS OF THE UNITED STATES INC.**



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

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **AP-PLIED FOR** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BURKETT**  
**BURRETO, ANDREW**  
**601 NE 3RD RD.**  
**HOMESTEAD FL 33030**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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 **ANDREW BURKETT** DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, CHARLES T	
STREET ADDRESS	18900 SW 127 AVE.	
CITY - ST - ZIP	MIAMI FL 33177	
TITLE	SCD	<input type="checkbox"/> Delete
NAME	BOYNTON, FRANK	
STREET ADDRESS	601 NE 2ND RD	
CITY - ST - ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKETT, ANDREW	
STREET ADDRESS	1718 NE 85ST APT E	
CITY - ST - ZIP	HOMESTEAD FL 33033	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

12. 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 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: **ANDREW BURKETT** 03/08/04 305-245-4575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

54017280



MOORE CR2E037 (11/03)