FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 15 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706444 (7)

1. Corporation Name

ROBERT LEAK AGEE, POST NO. 1966, VETERANS OF FOR EIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
350 SW 25TH STREET FORT LAUDERDALE FL 33315	350 SW 25TH STREET FORT LAUDERDALE FL 33315

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1963
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1006189 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LESKE, GERALD E
1501 NW 13TH ST UNIT I8
350 SW 25TH STREET
BOCA RATON FL 33486-8158

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☑ Change ☐ Addition
NAME	JOHNSON, LANCE	1.2 NAME	COMMANDER
STREET ADDRESS	350 SW 25TH ST	1.3 STREET ADDRESS	GEORGE MC CARRON
CITY-ST-ZIP	FT LAUDERDALE FL	1.4 CITY-ST-ZIP	4311 S.W. 11th STREET PLANTATION, FL. 33317
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	TRAX, JOHN	2.2 NAME	~~SR. VICE COMMANDER~~
STREET ADDRESS	2401 SW 42ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☑ Change ☐ Addition
NAME	ARTHUR MILLER	3.2 NAME	JR. VICE COMMANDER
STREET ADDRESS	350 S. W. 25 ST.	3.3 STREET ADDRESS	ROBERT E. STROUT 1901 S.E. 1st AVE.
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	GERALD E LESKE	4.2 NAME	
STREET ADDRESS	350 S. W. 25TH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MCCARRON GEORGE	5.2 NAME	D
STREET ADDRESS	4311 S. W. 11TH ST.	5.3 STREET ADDRESS	JOHN W. BUTCHER
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	241 N.W. 7th AVE PLANTATION, FL. 33317
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, LUCILLE M.	6.2 NAME	
STREET ADDRESS	241 NW 47TH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	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)(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 on an attachment with an address.

SIGNATURE: _____ 2-14-95 407-425-1091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010146