

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 # 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/20/1963		3a. Date of Last Report 03/15/1995	
21		26		4. FEI Number 59-1006189		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

LESKE, GERALD E
1501 NW 13TH ST UNIT 18
350 SW 25TH STREET
BOCA RATON FL 33486-8158

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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

Gerald E Leske

(NOTE: Registered Agent signature required when reinstating)

DATE

1-18-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCCARRON, GEORGE	1.2 NAME	
STREET ADDRESS	4311 S. W. 11TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TRAX, JOHN	2.2 NAME	
STREET ADDRESS	2401 SW 42ND AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	VC ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	STROUT, ROBERT E.	3.2 NAME	
STREET ADDRESS	1901 S. E. 1ST AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	
TITLE	T ☐ DELETE	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 ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	BUTCHER, JOHN W.	5.2 NAME	
STREET ADDRESS	241 N. W. 7TH AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	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)(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:

Gerald E Leske

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

1-18-96 754 765-0791

Daytime Phone #

CR2E037 (12/95)