

Amended
**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

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DOCUMENT # 706779

1. Entity Name

GEORGE A. BRENDA POST#471 INC.
VETERANS OF FOREIGN WARS OF THE UNITED STATES



FILED

08 DEC 10 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business - No P.O. Box #

VETERANS OF FOREIGN WARS

Suite, Apt. #, etc.

N/A

3. Mailing Address

11911 WEST DIXIE HWY

Suite, Apt. #, etc.

N/A

City & State

MIAMI FLORIDA

City & State

MIAMI FL

4. FEI Number

59-6162518

Approved

Not Applicable

Zip

33161

Country

USA.

Zip

33161

Country

USA.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name ULYSSE WILLIAMS

Street Address (P.O. Box Number is Not Acceptable)

11911 WEST DIXIE HWY

City

MIAMI

FL

Zip Code

33161

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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

Ulyse Williams

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7 DEC 08

FEE IS \$61.25
Initial or Amended AR

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
NAME
STREET ADDRESS
CITY-ST-ZIP
COMMANDER
ULYSSE WILLIAMS SR
11911 W DIXIE HWY
MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
QUARTER MASTER
EDDIE WARD
3241 NW 49ST
MIAMI, FL 33142

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CHAPMAN
LARRIO WALDEN
1720 NW 187ST
MIAMI, FL 33056

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TRUSTEE
RECHARD, JR ARTHUR
11911 W DIXIE HWY
MIAMI, FL 33161

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SERVICE
ALVIN ROBERTS
P.O. Box 380251
MIAMI, FL 33238

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ADJUTANT
JOHN SADA
14551 SW 152 CT
MIAMI, FL 33196

500138875395
12/10/08--01028--008 **\$61.25

\$12/10

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Ulyse Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7 DEC 08

Date

(305) 693-2892

Daytime Phone #