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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 8:55

DOCUMENT # **715173** **(1)**

1. Corporation Name

POST NO. 8193, VETERANS OF FOREIGN WARS OF THE U NITED STATES, INC.

Principal Place of Business	Mailing Address
757 ALI-BABA AVENUE P.O. BOX 177 OPA LOCKA FL 33054	757 ALI-BABA AVENUE P.O. BOX 177 OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/27/1968
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6198620 ☐ 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	2a. Mailing Address
21	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

FUSSELL, MILTON
737 FISHERMAN STRET
757 ALI-BABA AVE
OPA-LOCKA FL 33054

MAIL →

10. Name and Address of New Registered Agent

81 Name: HENRY T. HOGAN
82 Street Address (P.O. Box Number is Not Acceptable): 5400 NW 159 ST APT 304
83: 757 ALI-BABA AV.
84 City: OPA-LOCKA FL 85 Zip Code: 33054

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	KOSCHEN, EDWARD	1.2 NAME	
STREET ADDRESS	2841 N. W. 132 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	FOLKMAN, RICHARD D.	2.2 NAME	
STREET ADDRESS	18701 NE 3RD COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	TETREAULT, WILLIAM J.	3.2 NAME	
STREET ADDRESS	1202 N.W. 188TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☑ Change ☐ Addition
NAME	FULTON, HOMER L.	4.2 NAME	Ralph F. Devney
STREET ADDRESS	7141 W 3RD AVENUE	4.3 STREET ADDRESS	4840 NW 170 ST.
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	OPA LOCKA, FL 33055
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: P — Edward P. Koschen Edward P. Koschen 15 JANUARY 95
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date

Daytime Phone Number: 305-685-8633

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