

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715173 (1)**

1. Corporation Name

**POST NO. 8193, VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business	Mailing Address
U.F.W. POST 8193 757 ALL-BABA AVENUE OPA LOCKA FL 33054	U.F.W. POST 8193 757 ALL-BABA AVENUE OPA LOCKA FL 33054

3. Date Incorporated or Qualified

08/27/1968

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KOSCHEM, EDWARD P.**  
**2841 N.W. 132ND TERRACE**  
**OPA LOCKA FL 33054**

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 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

*Billy Ray Maddox*

**BILLY RAY MADDOX**

**1-10-98**

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	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	POST COMMANDER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSCHEN, EDWARD P	1.2 NAME	BILLY RAY MADDOX
STREET ADDRESS	2841 N.W. 132 TERRACE	1.3 STREET ADDRESS	17035 N.W. 17th AVE. -R-
CITY-ST-ZIP	OPA-LOCKA FL 33054	1.4 CITY-ST-ZIP	MIMM, FL 33056
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	POST QUARTERMASTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYKES, JOSEPH	2.2 NAME	KOSCHEN EDWARD P
STREET ADDRESS	240 WEST DRIVE	2.3 STREET ADDRESS	2841 N.W. 132 TERRACE D-
CITY-ST-ZIP	OPA LOCKA FL 33054	2.4 CITY-ST-ZIP	OPA-LOCKA FL 33054
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	POST SR. Vice Commander <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, VICTOR	3.2 NAME	ROBERT WELLS
STREET ADDRESS	684 FISHERMAN STREET	3.3 STREET ADDRESS	5951 E 4th AVE. APT. 8 D-
CITY-ST-ZIP	OPA LOCKA FL 33054	3.4 CITY-ST-ZIP	HALEAH, FL 33012
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVINEY, RALPH E	4.2 NAME	
STREET ADDRESS	4840 N.W. 170 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA LOCKA FL 33054	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**700002413897**

**-01/28/98--01007--022**

**\*\*\*61.25**

14. 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 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:

*Billy Ray Maddox*

**BILLY RAY MADDOX**

**1-7-98-305-685-6833**

CR2E037 (10/97)