

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 26 AM 11:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 726469 (0)**

1. Corporation Name  
**RAY RENUART POST NO. 5718 VETERANS OF FOREIGN WA  
WARS OF THE UNITED STATES, INC.**

Principal Place of Business Mailing Address  
**45 ALMERIA AVENUE 45 ALMERIA AVENUE  
P O BOX 340811 P O BOX 340811  
CORAL GABLES FL 33134 CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/22/1973** 3a. Date of Last Report **04/28/1994**  
4. FEI Number **23-7134087** Applied For  
Not Applicable

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

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**  
6. Election Campaign Financing  **\$5.00 May Be  
Trust Fund Contribution Added to Fees**  
7. Nonprofit with IRS 501(c)(3)  **\$68.75 Supplemental  
Tax Exempt Status Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.052,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**LEE, GARY R.  
12270 SW 30TH ST.  
MIAMI FL 33145**  
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DO LEE, GARY R. 12270 SW 30 STREET MIAMI, FL 00000</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	<b>D KELLY, ALBERT 5931 SW 48TH ST. MIAMI, FL 00000</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	<b>CLARKE, JACQUES L.</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>7700 Ponce de Leon Rd.</b>
CITY - ST - ZIP		2.4 CITY - ST - ZIP	<b>MIAMI, FL 33143</b>
TITLE	<b>D GAINSLY, GERALD 3340 SW 16TH TERRACE MIAMI FL</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<b>D LEVI, ROY E 3889 NW 6TH ST MIAMI, FL 00000</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<b>D CHOCKLA, MITCHEL 6520 SW 63RD CT. MIAMI FL</b>	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	<b>D SABE, MIKE J 6151 SW 109TH CT MIAMI FL</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	<b>Delete</b>
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)(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE: GARY R. LEE **GARY R. LEE** 4/19/95 305 995-3022  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date (Area Phone #)