

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 726469 (0)

1. Corporation Name

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



59 616 2526

Principal Place of Business

45 ALMERIA AVENUE  
P O BOX 340811  
CORAL GABLES FL 33134

Mailing Address

45 ALMERIA AVENUE  
P O BOX 340811  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified  
05/22/1973

3a. Date of Last Report  
04/26/1995

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

4. FEI Number  
23-7134087

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

8. This corporation has liability for intangible tax under s. 199.032  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEE, GARY R.  
12270 SW 30TH ST.  
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name

LEVI, ROY E

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

3889 NW 6TH ST

83

84 City

MIAMI

FL

85 Zip Code

33126

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

07-03-1996

12. OFFICERS AND DIRECTORS

TITLE  
NAME

D  
LEE, GARY R.  
12270 SW 30 STREET  
MIAMI, FL 00000

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

D  
CLARKE, JACQUES L  
7700 PONCE DE LEON RD.  
MIAMI, FL 00000

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

D  
GAINSLEY, GERALD  
3340 SW 16TH TERRACE  
MIAMI FL

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

D  
LEVI, ROY E  
3889 NW 6TH ST  
MIAMI, FL 00000

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

D  
CHOCKLA, MITCHEL  
6520 SW 63RD CT.  
MIAMI FL

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME

STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D

☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

33145

2.1 TITLE

DT

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

33143

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☒ Addition

33145

4.1 TITLE

PD

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

33126

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☒ Addition

33143

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0007026

CR2E037 (3/96)