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FILED  
Apr 27, 1999 8:00 am  
Secretary of State

04-27-1999 90125 027 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 726469

1. Corporation Name

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

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

05/22/1973

4. FEI Number

59-6162526

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

9. Name and Address of Current Registered Agent

LEVI, ROY E  
3889 NW 6TH ST  
MIAMI FL 33126

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME LEE, GARY R.  
STREET ADDRESS 12270 SW 30 STREET  
CITY-ST-ZIP MIAMI, FL 00000 33175

TITLE DT  
NAME CLARKE, JACQUES L  
STREET ADDRESS 7700 PONCE DE LEON RD.  
CITY-ST-ZIP MIAMI, FL 00000 33143

TITLE D  
NAME GAINSLEY, GERALD  
STREET ADDRESS 3340 SW 16TH TERRACE  
CITY-ST-ZIP MIAMI FL 33145

TITLE VD  
NAME LEVI, ROY E  
STREET ADDRESS 3889 NW 6TH ST  
CITY-ST-ZIP MIAMI, FL 00000 33126

TITLE D  
NAME CHOCKLA, MITCHEL  
STREET ADDRESS 6520 SW 63RD CT.  
CITY-ST-ZIP MIAMI FL 33143

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

305 447 3549

Date

Daytime Phone #

CR2E037 (11/98)