


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 726469**

1. Entity Name  
**RAY RENUART POST NO. 5718 VETERANS OF FOREIGN WAWARS 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**



02052004 No Chg-NP CR2E037 (10/03)

4. FEI Number      Applied For  
**59-6162526**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

000000042366  
02/10/04-80021-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LEE, GARY R.
STREET ADDRESS	12270 SW 30 STREET
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D
NAME	CLARKE, JACQUES L.
STREET ADDRESS	7700 PONCE DE LEON RD.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	P
NAME	LEVI, ROY E
STREET ADDRESS	3889 NW 6TH ST
CITY-ST-ZIP	MIAMI, FL 33125
TITLE	D
NAME	CHOCKLA, MITCHEL
STREET ADDRESS	6520 SW 63RD CT.
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	D
NAME	BISHOP, TED
STREET ADDRESS	1794 SW 19 ST
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	THORP, JOHN
STREET ADDRESS	12370 SW 225 ST.
CITY-ST-ZIP	MIAMI, FL 33170

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Gary R. Lee*      **GARY R. Lee**      2/6/04      786-275-0610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #