


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90002 034 ****61.25

DOCUMENT # 726469 1. Entity Name RAY RENUART POST NO. 5718 VETERANS OF FOREIGN WAWARS OF THE UNITED STATES, INC.	
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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
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DO NOT WRITE IN THIS SPACE



06162005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-6162526	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LEVI, ROY E 3889 NW 6TH ST MIAMI, FL 33126	<p style="text-align: center; font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LEE, GARY R. 12270 SW 30 STREET MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLARKE, JACQUES L 7700 PONCE DE LEON RD. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEVI, ROY E 3889 NW 6TH ST MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOCKLA, MITCHEL 6520 SW 63RD CT. MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BISHOP, TED 1794 SW 19 ST MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORP, JOHN 12370 SW 225 ST. MIAMI, FL 33170

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IN THIS SPACE

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 6/12/05 786.2750610
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #