

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726469

FILED
Apr 13, 2006
Secretary of State

Entity Name: RAY RENUART POST NO. 5718 VETERANS OF FOREIGN WAWARS OF THE UNITED STATES, INC.

Current Principal Place of Business:

45 ALMERIA AVENUE
P O BOX 340811
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

45 ALMERIA AVENUE
P O BOX 340811
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-6162526

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: LEE, GARY R.,
Address: 12270 SW 30 STREET
City-St-Zip: MIAMI, FL 33175

Title: D () Delete
Name: CLARKE, JACQUES L
Address: 7700 PONCE DE LEON RD.
City-St-Zip: MIAMI, FL 33143

Title: P () Delete
Name: LEVI, ROY E,
Address: 3889 NW 6TH ST
City-St-Zip: MIAMI, FL 33125

Title: D () Delete
Name: CHOCKLA, MITCHEL,
Address: 6520 SW 63RD CT.
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: BISHOP, TED
Address: 1794 SW 19 ST
City-St-Zip: MIAMI, FL 33145

Title: D () Delete
Name: THORP, JOHN
Address: 12370 SW 225 ST.
City-St-Zip: MIAMI, FL 33170

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY R. LEE

T

04/13/2006

Electronic Signature of Signing Officer or Director

Date