

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 16, 2007  
Secretary of State**

DOCUMENT# 726469

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:**

45 ALMERIA AVENUE  
CORAL GABLES, FL 33134

**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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**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: T      (X) Change ( ) Addition  
Name: LEE, GARY R  
Address: 12270 SW 30 STREET  
City-St-Zip: MIAMI, FL 33175

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

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

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

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 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

QM

05/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date