

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 748606 (1)

1. Corporation Name

RICHMOND HEIGHTS POST NO. 8197 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.

Principal Place of Business

14640 LINCOLN BLVD.  
8952 SW 127 TERRACE  
MIAMI FL 33176

Mailing Address

14640 LINCOLN BLVD.  
8952 SW 127 TERRACE  
MIAMI FL 33176



3. Date Incorporated or Qualified  
08/22/1979

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
59-1611195

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, HAROLD T.  
8952 S.W. 127TH TERRACE  
MIAMI FL 33176

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VC  
NAME KING, WILBERT  
STREET ADDRESS 15040 PIERCE ST.  
CITY-ST-ZIP MIAMI FL ☒ DELETE

1.1 TITLE D  
1.2 NAME KING, WILBERT  
1.3 STREET ADDRESS 15040 PIERCE ST  
1.4 CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE TD  
NAME SAUNDERS, ROBERT H.  
STREET ADDRESS 15000 HARRISON ST.  
CITY-ST-ZIP MIAMI FL ☒ DELETE

2.1 TITLE D  
2.2 NAME SAUNDERS, ROBERT H  
2.3 STREET ADDRESS 15000 HARRISON ST  
2.4 CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE PA  
NAME BAILEY, JAMES  
STREET ADDRESS 10305 S.W. 149TH TERR.  
CITY-ST-ZIP MIAMI FL ☒ DELETE

3.1 TITLE D  
3.2 NAME BAILEY, JAMES  
3.3 STREET ADDRESS 10305 SW 149 TERR.  
3.4 CITY-ST-ZIP MIAMI, FL 33176 ☒ Change ☐ Addition

TITLE PD  
NAME SMITH, HAROLD T.  
STREET ADDRESS 8952 SW 127 TERR.  
CITY-ST-ZIP MIAMI FL ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Harold T. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (12/95)

235-5057  
1/24/96