FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **757492** **(4)**

1. Corporation Name

SOUERS-KNUCK-O'ROURKE POST NO. 8330, VETERANS OF FOREIGN WARS OF THE UNITED STATES INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
355 EAST 32ND ST HIALEAH FL 33013	355 EAST 32ND ST HIALEAH FL 33013

3. Date Incorporated or Qualified: 04/10/1981
3a. Date of Last Report: 06/28/1994

4. FEI Number: ~~59-0933201~~ 59-0942384 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required

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

9. Name and Address of Current Registered Agent

ARRINGTON, KEN R.
720 FALCON AVE.
MIAMI SPGS. FL 33166

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ken R. Arrington CMDR. — 5-11-95
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	CD	11 TITLE		☐ Change ☐ Addition
NAME	ARRINGTON, KEN R.	12 NAME		
STREET ADDRESS	720 FALCON AVE.	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPGS. FL	14 CITY-ST-ZIP		
TITLE	SD	21 TITLE	SD	☑ Change ☐ Addition
NAME	GUNN, JOHN C.	22 NAME	Mario Santana	
STREET ADDRESS	5211 N.W. 201 TERRACE	23 STREET ADDRESS	317 W. 37st	
CITY-ST-ZIP	FT. LAUDERDALE FL	24 CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	VD	31 TITLE	VD	☑ Change ☐ Addition
NAME	RASHAKE, PHIL	32 NAME	Anthony Grubisich	
STREET ADDRESS	326 E. 18TH ST.	33 STREET ADDRESS	6270 N.W 113 terr	
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	Hialeah FL 33012	
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	POUSA, JORGE	42 NAME		
STREET ADDRESS	13759 SW 160TH ST.	43 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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)(i), 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: Jorge Pousa — 5/11/95 — (305) 888-0664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0037070