

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 757492 (4)**

1. Corporation Name

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

Principal Place of Business

Mailing Address

**355 EAST 32ND ST  
HALEAH FL 33013**

**355 EAST 32ND ST  
HALEAH FL 33013**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**04/10/1981**

3a. Date of Last Report

**06/28/1994**

4. FEI Number

**59-0933281**

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**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

☐

**FILING FEE IS  
\$61.25**

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

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

81 Name **Ray Rivera**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1021 W. 53 ST.**

83 **Hialeah, FL 33012**

84 City **Hialeah, FL**

**FL**

**85**

Zip Code **33012**

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

*Ray Rivera*

Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

**6-3-1996**

12. OFFICERS AND DIRECTORS

TITLE	<b>CD</b>
NAME	<b>ARRINGTON, KEN R.</b>
STREET ADDRESS	<b>720 FALCON AVE.</b>
CITY-ST-ZIP	<b>MIAMI SPGS. FL</b>
TITLE	<b>SD</b>
NAME	<b>GUNN, JOHN C.</b>
STREET ADDRESS	<b>5211 N.W. 201 TERRACE</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>VD</b>
NAME	<b>RASHAKE, PHIL</b>
STREET ADDRESS	<b>326 E. 18TH ST.</b>
CITY-ST-ZIP	<b>HALEAH FL</b>
TITLE	<b>D</b>
NAME	<b>POUSA, JORGE</b>
STREET ADDRESS	<b>13759 SW 160TH ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>CD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Rivera, Ray</b>	
1.3 STREET ADDRESS	<b>1021 W. 53 ST.</b>	
1.4 CITY-ST-ZIP	<b>Hialeah, FL 33012</b>	
2.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Tony Grubisich</b>	
2.3 STREET ADDRESS	<b>6270 N.W. 113 Terr</b>	
2.4 CITY-ST-ZIP	<b>Hialeah, FL 33012</b>	
3.1 TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Tony Omoroto</b>	
3.3 STREET ADDRESS	<b>717 W. 36 St</b>	
3.4 CITY-ST-ZIP	<b>Hialeah FL 33012</b>	
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Bill Tetrault</b>	
4.3 STREET ADDRESS	<b>6801 Miramar Pkwy</b>	
4.4 CITY-ST-ZIP	<b>Miramar, FL 33023</b>	
5.1 TITLE	<b>D. Ken R. Arrington</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>720 Falcon Ave</b>	
5.3 STREET ADDRESS	<b>Miami Springs, FL 33166</b>	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>700001863237</b>	
6.3 STREET ADDRESS	<b>-06/17/96--01022--004</b>	
6.4 CITY-ST-ZIP	<b>***61.25-15-96 OR</b>	

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:

*Jorge Pousa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/9/96**

**888-0666**

Date

Daytime Phone #

**5/10/96**

**8470-0337**

CR2E037 (3/95)