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Apr 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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  
HIALEAH FL 33013

355 EAST 32ND ST  
HIALEAH FL 33013-3214

3. Date Incorporated or Qualified  
04/10/1981

3a. Date of Last Report  
06/15/1996

2. Principal Place of Business

2a. Mailing Address

21 VFW POST 8330  
22 355 EAST 32ND ST.  
23 HIALEAH, FL 88018  
24  
25

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-0942384

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

RIVERA, RAY  
1021 W. 53RD ST.  
HIALEAH FL 33012

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	CD	<input type="checkbox"/> DELETE
NAME	RIVERA, RAY	
STREET ADDRESS	1021 W. 53RD ST	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GRUBISICH, TONY	
STREET ADDRESS	6270 NW 113 TERR.	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ONORATO, TONY	
STREET ADDRESS	717 W. 36 ST.	
CITY - ST - ZIP	HIALEAH FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARRINGTON, KEN R	
STREET ADDRESS	720 FALCON AVE	
CITY - ST - ZIP	MIAMI SPRINGS FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing 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: *Ray Rivera* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/97

Daytime Phone # 0023043

CR2E037 (9/96)