

FILE NOW: FILING FEE IS \$61.25

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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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	
VFW POST 8330 355 EAST 32ND ST HIALEAH FL 33013 US		355 EAST 32ND ST HIALEAH FL 33013	
21	2. Principal Place of Business	2a	2a. Mailing Address
	Suite, Apt. #, etc.		Suite, Apt. #, etc.
22	22. City & State	27	27. City & State
23	23. Zip	28	28. Country
24	24. Country	29	29. Zip
25	25. Country	30	30. Country

3. Date Incorporated or Qualified	04/10/1981	
4. FEI Number	59-0942384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

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14. I 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: *William J. Tetrap...*

CR2E037 (10/97)