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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:13

DOCUMENT # 763083 (3)

1. Corporation Name

1ST LT. MELVIN R. JACKSON JR POST NO. 5693 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

Principal Place of Business	Mailing Address
1881 ALI-BABA AVENUE OPA LOCKA FL 33054	1881 ALI-BABA AVENUE OPA LOCKA FL 33054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1982
3a. Date of Last Report: 04/28/1994
4. FEI Number: 23-7305617 ☐ 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) Country (25) Zip (29) Country (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

MAYCOCK, OLIVER
15905 BUNCH PARK DR W
OPA-LOCKA FL 33055

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	GABRIEL, LOUIS C	1.2 NAME	Chipman, Theophilus Jr	
STREET ADDRESS	3940 NW 172 TERR	1.3 STREET ADDRESS	15721 N.W. 17th PL	
CITY-ST-ZIP	OPA LOCKA FL	1.4 CITY-ST-ZIP	Opa Locka, Fla 33054	
TITLE	PD	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	GIBSON, EMORY C	2.2 NAME	Benjamin, Antonio N	
STREET ADDRESS	16430 NW 20 AVE	2.3 STREET ADDRESS	16235 N.W 22Nd Ct	
CITY-ST-ZIP	OPA LOCKA FL	2.4 CITY-ST-ZIP	Opa Locka, Fla 33054	
TITLE	SD	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	JACOBS, ROBERT JR.	3.2 NAME	Robert Jacob Jr	
STREET ADDRESS	2070 WILMINGTON ST.	3.3 STREET ADDRESS	2070 Wilmington St	
CITY-ST-ZIP	OPA LOCKA, FL 00000	3.4 CITY-ST-ZIP	Opa Locka, Fla 33054	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	JACOB, ROBERT, JR.	4.2 NAME	TD Robert Jacob Jr	
STREET ADDRESS	2070 WILMINGTON STREET	4.3 STREET ADDRESS	2070 Wilmington St	
CITY-ST-ZIP	OPA LOCKA FL	4.4 CITY-ST-ZIP	Opa Locka, Fla 33054	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

REMITTED BY MAY 1

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: Robert Jacob Jr 4/24/95 681-0614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0030431