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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763083 (3)

1. Corporation Name

1ST LT. MELVIN R. JACKSON JR POST NO. 5693 VETER
ANS 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

3. Date Incorporated or Qualified

05/03/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 VPD ☒ DELETE

1.1 TITLE VPD ☒ Change ☐ Addition

NAME CHIPMAN, THEOPHILUS J
STREET ADDRESS 15721 NW 17TH PL
CITY-ST-ZIP OPALOCKA FL

1.2 NAME Maycock, Oliver
1.3 STREET ADDRESS 15905 Bunche Park Dr W
1.4 CITY-ST-ZIP Opa Locka, FL 33054

TITLE PD ☒ DELETE

2.1 TITLE PD ☒ Change ☐ Addition

NAME BENJAMIN, ANTONIO
STREET ADDRESS 16235 NW 22ND CT
CITY-ST-ZIP OPALOCKA FL

2.2 NAME Parrish, Tony W.
2.3 STREET ADDRESS 1421 N.W. 103rd St
2.4 CITY-ST-ZIP Miami, FL 33147

TITLE SD ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME JACOB, ROBERT J
STREET ADDRESS 2070 WILMINGTON ST
CITY-ST-ZIP OPALOCKA FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME JACOB, ROBERT J
STREET ADDRESS 2070 WILMINGTON ST
CITY-ST-ZIP OPALOCKA FL

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: Robert Jacob Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96
Date

681-0614
Daytime Phone #

CR2E037 (12/95)