


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		 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 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.			
Principal Place of Business 1881 ALI-BABA AVENUE OPA LOCKA FL 33054		Mailing Address P.O. BOX 540973 OPA LOCKA FL 33054 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 05/03/1982			
4. FEI Number 23-7305617			
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 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: <u>Signature, typed or printed name of registered agent and title if applicable</u> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	
NAME	BENJAMIN, ANTONIO		
STREET ADDRESS	18235 N.W. 22ND CT		
CITY-ST-ZIP	OPA LOCKA FL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	THOMPSON, THOMAS W		
STREET ADDRESS	2000 SERVICE RD		
CITY-ST-ZIP	OPA LOCKA FL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	JACOB, ROBERT J		
STREET ADDRESS	2070 WILMINGTON ST		
CITY-ST-ZIP	OPALOCKA FL		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	JACOB, ROBERT J		
STREET ADDRESS	2070 WILMINGTON ST		
CITY-ST-ZIP	OPALOCKA FL		
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME	WASHINGTON, JEROAM		
1.3 STREET ADDRESS	19040 N.W. 54th Avenue		
1.4 CITY-ST-ZIP	Miami, Florida 33055		
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 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: Robert Jacob Jr		4/28/98 661-0614	

CR2E037 (10/97)