2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 763083

MAYCOCK, OLIVER

15905 BUNCH PARK DR W OPA-LOCKA EL 33055

1. Entity Name

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

Country

6. Name and Address of Current Registered Agent



Mailing Address

City & State

3.

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

P.O. BOX 540973 OPA LOCKA FL 33054

J	
Mailing Address	
Suite, Apt. #, etc.	

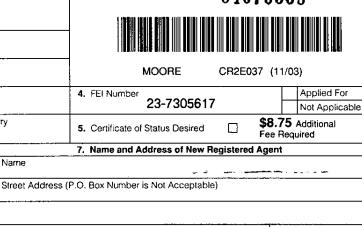
Country

Name

FILED Apr 29, 2004 8:00 am Secretary of State

04-29-2004 90345 036 ****61.25

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE TITLE PD Ronald L. Maycock x Change ■ Addition ■ Delete THOMPSON, THOMAS W NAME NAME 2000 SERVICE RD. STREET ADDRESS STREET ADDRESS 427 N.E. 77th Street OPA LOCKA FL 33054 CITY-ST-ZIP CITY-ST-ZIP <u>Miami, FL 33138</u> VPD ☐ Change ☐ Addition TITLE ☐ Delete TITLE DORSETT, CALVIN L NAME NAME 2501 NW 159TH TERR. STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP CITY-ST-ZIP SD ☐ Change ☐ Addition TITLE Delete TITI F JACOB, ROBERT JR NAME NAME 2070 WILMINGTON ST STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete JACOB, ROBERT JR NAME NAME 2070 WILMINGTON ST STREET ADDRESS STREET ADDRESS OPA LOCKA FL 33054 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME

TITLE

NAME STREET ADDRESS

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Robert Jacob Jr

4/27/04

<u> 305-681-0614</u>

☐ Change

☐ Addition