2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 05, 2006 8:00 am Secretary of State

07-05-2006 90004 002 ****70.00

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

STATES, INC.							100					
1881 ALI-BABA AVENUE P.				Maiting Address P.O. BOX 540973 OPA LOCKA, FL 33054 US			20047655					
2. Principal Place of Business 3. M				Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.				06192006 _C	hg-NP	CR2E	037 (4/06)	
City & State			City	City & State				4. FEI Number	<u> </u>		. ,	plied For
Zip Country			Zip	Zip Cou				23-730561			\$8.75 Add	t Applicable
6. Name and Address of Current			at Begistere					5. Certificate of St		<u> </u>	Fee Require	
	b. Name a	and Address of Currer	nt Registere	a Agent		Name		7. Name and Add			Agent	
	K, OLIVER NCH PARK KA, FL 330					ddress (i	P.O. Box Number is 100 / 1867	エRu Not Acceptable 万 アミス	IN ACE			
										Zin Cod	e .	
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 printegrame of registered agent angulite if applicable. (NOTE: Registered Agent argulite required when reinstating) DATE												
Filing Fee is \$61.25 Due by September 6, 2006 9. Election Campaign Trust Fund Contrib								\$5.00 May Be Added to Fees			k payable t	
10.		OFFICERS AND D	DIRECTORS		11.		1	ADDITIONS/CHANG	ES TO OFFICER	RS AND D	RECTORS IN	10
TITLE	PD			☐ Delete	TITLE	E					Change	Addition
NAME	MAYCOCK	, RONALD L			NAM	1E						
STREET ADDRESS						EET ADDRESS	IESS					
CITY-ST-ZIP	MIAMI, FL	33138			CITY	'-ST-ZIP	MIA	MI, FL 33	138-50	548		
TALE	VPD			⊠ Delete	TITLE		VPD	,			Change	Addition
NAME	DORSETT, CALVIN L			•		E	ING	SMKERS	ξy Ĕ.			
STREET ADDRESS CITY-ST-ZIP	2501 NW 159TH TERR. OPA LOCKA, FL 33054					STREET ADDRESS 43 3		3 NO 114	TOURT	C10		
		A, FL 33054						gmi, FL 33	131-2	200		
TITLE NAME	TD	, NATHANIEL I.		Delete	TITLE		TD	with To	and		Change	Addition
STREET ADDRESS	l	93RD TERRACE			NAM	EET ADDRESS	LYUK	K, JK, IR	VIN 4 TOL			
CITY-ST-ZIP	MIAMI, FL					-ST-ZIP	m_{i}	AMI GARO	bus Fl	32	156-30) (-J.
TITLE	SD			Delete	TATLE	E	CD		• • • •		Change	☐ Addition
NAME	CARTER, J	JOHN W.		94 00000	NAM	IE .	STEV	NART GREG	aky		Jan onlinge	
STREET ADDRESS	8 SE SECC	OND AVE, APT. 52			STRE	EET ADDRESS	911	NB 1997 3	TREET #	#201		
CITY-ST-ZIP	MIAMI, FL	33127			CITY	-ST-ZIP	MIH	NART, GREG NB 199* S M1, FL 3	3179			
TITLE				☐ Delete	TITLE			•			☐ Change	☐ Addition
NAME					NAM	i						
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP						- ST- ZIP						<u> </u>
TITLE NAME				☐ Delete	TITLE						☐ Change	Addition
STREET ADDRESS						EET ADDRESS						
CITY-ST-ZIP						-ST-ZIP						
12. I hereby c	ertify that the i	information supplied wi	ith this filing	does not qualify for	the exe	emotions co	ntained	in Chapter 119. Flor	ida Statutes. Lif	urther cer	tify that the in	formation

indicated on this report or supplied with this fling does not qualify for the exemptions contained in Chapter 119, 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 eath; 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.

SIGNATURE: