

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763083

FILED  
Jan 19, 2007  
Secretary of State

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

**Current Principal Place of Business:**

1881 ALI-BABA AVENUE  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 540973  
OPA LOCKA, FL 33054 US

**New Mailing Address:**

**FEI Number:** 23-7305617      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LYONS JR, IRVIN  
3051 N.W. 186TH TERRACE  
MIAMI GARDENS, FL 33056 301 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAYCOCK, RONALD L  
Address: 427 N.E. 77TH STREET  
City-St-Zip: MIAMI, FL 331385048

Title: VPD ( ) Delete  
Name: INGRAM, KELSEY E  
Address: 4322 NW 11TH COURT  
City-St-Zip: MIAMI, FL 331272528

Title: TD ( ) Delete  
Name: LYONS JR, IRVIN  
Address: 3051 NW 186 TER  
City-St-Zip: MIAMI GARDENS, FL 330563012

Title: SD ( ) Delete  
Name: STEWART, GREGORY  
Address: 911 NE 199TH STREET #201  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IRVIN LYONS JR

TD

01/19/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date