## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#763083** 

FILED Mar 19, 2009 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: New Principal Place of Business:

1881 ALI-BABA AVENUE OPA LOCKA, FL 33054

Current Mailing Address: New Mailing Address:

P.O. BOX 540973 1881 ALI-BABA AVENUE
OPA LOCKA, FL 33054 US OPA LOCKA, FL 33054

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

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

LYONS JR, IRVIN PERSON, ROY

3051 N.W. 186TH TERRACE 19801 NW 33RD AVENUE

MIAMI GARDENS, FL 33056 301 US MIAMI GARDENS, FL 33056 301 US

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: ROY PERSON 03/19/2009

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 PERSON, ROY L
 Name:

 Address:
 19801 NW 33RD AVE
 Address:

 City-St-Zip:
 MIAMI GARDENS, FL 33056
 City-St-Zip:

Title: VPD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 INGRAM, KELSEY E
 Name:

 Address:
 4322 NW 11TH COURT
 Address:

 City-St-Zip:
 MIAMI, FL 331272528
 City-St-Zip:

Title: TD (X) Delete Title: ( ) Change ( ) Addition

 Name:
 LYONS JR, IRVIN
 Name:

 Address:
 3051 NW 186 TER
 Address:

 City-St-Zip:
 MIAMI GARDENS, FL 330563012
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ROY PERSON PD 03/19/2009

Electronic Signature of Signing Officer or Director

Date