

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007056

FILED  
Jun 18, 2004  
Secretary of State

Entity Name: VETERAN'S MONUMENT COMMITTEE, INC.

**Current Principal Place of Business:**

PO BOX 540973  
OPA LOCKA, FL 33054

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 540973  
OPA LOCKA, FL 33054

**New Mailing Address:**

FEI Number: 65-1057029

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HENSCHER, ANDREW W ESQ.  
951 NE 167TH ST., #205  
N. MIAMI BEACH, FL 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: D ( ) Delete  
Name: BENJAMIN, ANTONIO  
Address: 16235 NW 22ND CT.  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: GIBSON, EMORY SR  
Address: 16430 NW 20TH AVE.  
City-St-Zip: OPA LOCKA, FL 33054

Title: D ( ) Delete  
Name: JACOBS, ROBERT  
Address: 2070 WILMINGTON ST.  
City-St-Zip: OPA LOCKA, FL 33054

**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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANTONIO BENJAMIN

D

06/18/2004

Electronic Signature of Signing Officer or Director

Date