

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000007056

FILED
Jun 03, 2005
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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:

DORSETT, CALVIN L
1881 ALI BABA AVENUE
OPA LOCKA, FL 33054 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: CALVIN L. DORSETT

06/03/2005

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: CALVIN L. DORSETT

PRES

06/03/2005

Electronic Signature of Signing Officer or Director

Date