

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N07463 (5)**

1. Corporation Name  
**WILLIAM A. MCALLISTER POST NO. 1608 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**



Principal Place of Business: V.F.W. POST 1608, 2750 SW 16TH ST., MIAMI FL 33145  
Mailing Address: V.F.W. POST 1608, 2750 SW 16TH ST., MIAMI FL 33145

3. Date Incorporated or Qualified: **02/05/1985**  
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

4. FEI Number: **59-0685762**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**APPLEGATE DAVID A  
2750 SW 16TH STREET  
MIAMI FL 33145**

10. Name and Address of New Registered Agent  
81 Name: **HOPE, BEN F**  
82 Street Address (P.O. Box Number is Not Acceptable): **2750 SW 16TH ST**  
83  
84 City: **MIAMI** FL 85 Zip Code: **33145**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **BEN F. HOPE QUARTERMASTER** *Ben F. Hope* DATE: **5-20-96**

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, GARY HUNTER</b>	
STREET ADDRESS	<b>2895 S W 37TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MIRARCHI, ADOLPHUS J</b>	
STREET ADDRESS	<b>3503 NW 3RD ST.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>APPLEGATE, DAVID</b>	
STREET ADDRESS	<b>2763 SW 31ST PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>GONZALEZ, RAUL</b>	
1.3 STREET ADDRESS	<b>6731 SW 5 TERR</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>HARTMAN, JOHN R</b>	
2.3 STREET ADDRESS	<b>310 SW 30 CT</b>	
2.4 CITY-ST-ZIP	<b>MIAMI, FL</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>HOPE, BEN F.</b>	
3.3 STREET ADDRESS	<b>2370 SW 26 ST</b>	
3.4 CITY-ST-ZIP	<b>MIAMI FL</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Ben F. Hope* DATE: **5-20-96** DAYTIME PHONE #: **443-3455**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)