

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthant Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
02/05/1985

4. FEI Number 59-0685762	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HOPE, BEN F.
2750 SW 16TH ST.
MIAMI FL 33145

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	GONZALEZ, RAUL	1.2 NAME
STREET ADDRESS	8731 SW 5 TERR.	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE
NAME	HARTMAN, JOHN R.	2.2 NAME
STREET ADDRESS	310 SW 30 CT.	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE
NAME	HOPE, BEN F.	3.2 NAME
STREET ADDRESS	2370 SW 26 ST.	3.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

PRASIDENT "D"	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
KEARNEY, EDWARD J	
3741 NW 12 ST	
MIAMI FL	
VICE PRESIDENT "D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HARTMAN, JOHN R.	
310 SW 30 CT	
MIAMI FL	
TRASACCIO "D"	<input type="checkbox"/> Change <input type="checkbox"/> Addition
HOPE, BEN F	
2370 SW 26 ST	
MIAMI FL	
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ SIGNATURE DEQUIRED *Ben F Hope 2-9-98* **RM**

CFR2037 (10/97)