

FILE NOW: FILING FEE IS \$61.25

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Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthant</b> 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 <b>V.F.W. POST 1608, 2750 SW 16TH ST., MIAMI FL 33145</b>	Mailing Address <b>V.F.W. POST 1608, 2750 SW 16TH ST., MIAMI FL 33145</b>
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3. Date Incorporated or Qualified

**02/05/1985**

4. FEI Number

**59-0685762**

Applied For  
Not Applicable

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

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOPE, BEN F.  
2750 SW 16TH ST.  
MIAMI FL 33145**

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GONZALEZ, RAUL</b>	
STREET ADDRESS	<b>6731 SW 5 TERR.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HARTMAN, JOHN R.</b>	
STREET ADDRESS	<b>310 SW 30 CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HOPE, BEN F.</b>	
STREET ADDRESS	<b>2370 SW 26 ST.</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>PRESIDENT</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KEARNEY, EDWARD J</b>	
1.3 STREET ADDRESS	<b>3741 NW 12 ST</b>	
1.4 CITY-ST-ZIP	<b>MIAMI FL</b>	
2.1 TITLE	<b>VICE PRESIDENT</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>TRASPORTER</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 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 REQUIRED

*Ben F Hope 2-9-98* *RM*

CP2E037 (10/97)