

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-15-2006 90002 048 ****70.00

DOCUMENT # N07463

1. Entity 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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0685762

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASHLEY, RALPH L
2750 SW 16TH ST.
MIAMI FL 33145**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ASHLEY, RALPH
STREET ADDRESS 3790 SW 16TH ST
CITY-STATE-ZIP MIAMI FL 33145 ☐ Delete

TITLE VPD
NAME HARTMAN, JOHN R.
STREET ADDRESS 310 SW 30 CT.
CITY-STATE-ZIP MIAMI FL ☐ Delete

TITLE OM
NAME BLACK, MARK D
STREET ADDRESS 2320 SW 27 LN.
CITY-STATE-ZIP MIAMI FL 33133 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE OM
NAME GOULDEN CARL
STREET ADDRESS 2535 SW 21ST AVE
CITY-STATE-ZIP MIAMI, FL 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ralph L Ashley **RALPH L. ASHLEY** 8-7-06 (305) 4489296