

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Aug 08, 2009  
Secretary of State

DOCUMENT# N07463

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

**Current Principal Place of Business:**

V.F.W. POST 1608, 2750 SW 16TH ST.,  
MIAMI, FL 33145

**New Principal Place of Business:**

**Current Mailing Address:**

V.F.W. POST 1608, 2750 SW 16TH ST.,  
MIAMI, FL 33145

**New Mailing Address:**

**FEI Number:** 59-0685762      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD            ( ) Delete  
Name: ASHLEY, RALPH  
Address: 3790 SW 16TH ST  
City-St-Zip: MIAMI, FL 33145

Title: VD            ( ) Delete  
Name: BLACK, MARK D  
Address: 310 SW 30 CT.  
City-St-Zip: MIAMI, FL

Title: DM            ( ) Delete  
Name: MARTINEZ, MARVIN L  
Address: 2750 SW 16TH ST  
City-St-Zip: MIAMI, FL 33145

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD            (X) Change ( ) Addition  
Name: ASHLEY, RALPH L COMMAND  
Address: 651 EAST 11TH PLACE  
City-St-Zip: HIALEAH, FL 33010 MD

Title: VD            (X) Change ( ) Addition  
Name: ZARAGOZA, JOE A  
Address: 2750 SW 16TH STREET  
City-St-Zip: MIAMI, FL 33145 MD

Title: DM            (X) Change ( ) Addition  
Name: RASNAKE, PHILIP C  
Address: 2750 SW 16TH STREET  
City-St-Zip: MIAMI, FL 33145 MD

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RALPH L. ASHLEY

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

COMM

08/08/2009

\_\_\_\_\_ Date