

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

1-2

DOCUMENT # N92000000891 (3)

1. Corporation Name

VETERANS OF FOREIGN WARS LIBERTY POST NUMBER 110
55, INC.



Principal Place of Business

Mailing Address

2700 SW 3RD AVE
1A
MIAMI FL 33129
US

2700 SW 3RD AVE
1A
MIAMI FL 33129
US

3. Date Incorporated or Qualified
12/15/1992

3a. Date of Last Report
06/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
65-0364522

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

10. Name and Address of New Registered Agent

WILLIAMS, ULYSEE JR
8501 NW 32ND CT
MIAMI FL 33147

81 Name

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

83

84 City

FL

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCOP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ULYSEE	
STREET ADDRESS	501 NW 32ND CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	MANNING, NATHANIEL	
STREET ADDRESS	8425 NW 32ND CT	
CITY - ST - ZIP	OPA-LOCKA FL	
TITLE	QMD	<input type="checkbox"/> DELETE
NAME	WARD, EDDIE	
STREET ADDRESS	3241 NW 49TH ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BROWN, AMOS	
STREET ADDRESS	2620 NW 82ND ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CLARENCE, FORD	
STREET ADDRESS	517 NW 43RD ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	C	<input type="checkbox"/> DELETE
NAME	BAKER, GEORGE	
STREET ADDRESS	540 PERUIZ AVE	
CITY - ST - ZIP	OPA-LOCKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	TRUSTEE
53 STREET ADDRESS	RUBBIE LAUGHLIN
54 CITY - ST - ZIP	1984 N.W. MIAMI CT (33179) MIAMI
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: Ulysee Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 MAY 1996

(305) 859-8387

Date

Daytime Phone

CR2E037 (12/95)

THE DEERING ESTATE FOUNDATION

May 13, 1996

Florida Department of State
Division of Corporations
P.O. Box 13900
Tallahassee, Florida 32317

Dear Sir / Madam:

The Deering Estate Foundation has recently made some significant changes in the Board and Executive Director position. I was hired as the new Executive Director at the end of April 1996.

Coming into this position and sifting through the mountain of paperwork, I only came across this Annual Report last week. I apologize for the late filing of this report, but since we are a non-profit organization with signing restrictions on our bank account, I was just now able to complete the form and get the check signed.

If there is any additional information that you need, please contact me directly.

Sincerely,



Danette Brockhouse
Executive Director

Mailing Address:
8525 S.W. 96th Street Miami, Florida 33156
Tel. (305) 595-0991 Fax (305) 596-7694