FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9200000891

Country

1. Corporation Name

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

Principal Place of Business
2700 SW 3RD AVE
1A
MIAMI FL 33129
118

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Zip

Mailing Address

2700 SW 3RD AVE 1A MIAMI FL 33129

2a. Mailing Address

City & State

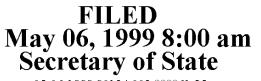
Suite, Apt. #, etc.

US

Zip

26

28



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3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

12/15/1992

65-0364522

4. FEI Number

24	25	29	30			Trust Fund Contribution		Added to	Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Regi			egistered Agen			
				81	Name		•	•	}	
AAALA INAA	C HIVEE ID			82	Street	Address (P.O. Box Number is Not Accepta	hle)			
ORU4 NA	WILLIAMS, ULYSEE JR 8501 NW 32ND CT					Addiess (F.O. Dox Hamber is Not Accepted				
MIAMI FL 33147										
MIMMI F	L 33147							7:- 0		
	The second			84	City		FL 85	Zip C	ode	
44 Comments the provision of Section 617 0502 and 617 1508. Florida Statutes the above named compretion submits this statement for the number 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.										
SIGNATUR	E		MOVE D		ali makilim m	equired when reinstating)	DATE			
12.	Signature, typed or printed name of reg	ERS AND DIRECTORS	(NOTE: Registere	u Agen	signature it	ADDITIONS/CHANGES TO OFF		RECTO	RS IN 12	
TITLE	DCOP	DELE		TLE		<u> </u>		hange	Addition	
	WILLIAMS, ULYSEE			IAME	ļ			-	- }	
NAME	TO A SHALL DOLLED OT		- 1		ADORESS :				į.	
STREET ADDRES			4		1					
CITY-ST-ZIP	MIAMI FL	□ DELE		:TY-ST	1-ZIP		П	hange	Addition	
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NAME	MANNING, NATHANIEL				ADDRESS	•			<u>.</u>	
STREET ADDRES	1								1	
CITY-ST-ZIP	OPA-LOCKA FL	DELE		CITY-S	1-210		Γ10	hange	Addition	
TITLE	OMD FEDERAL		1						_ {	
NAME	WARD, EDDIE		1	IAME					İ	
STREET ADDRES	/ - · · _				ADDRESS					
CITY-ST-ZIP	MIAMI FL	☐ DELE		CITY-S	T-Z)P	ļ		Change	Addition	
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NAME	BROWN, AMOS			NAME					ſ	
STREET ADDRES					ADDRESS				}	
CITY-ST-ZIP	MIAMI FL	□ DELE		TY-S	r- ZIP			Change	Addition	
TITLE		☐ DELE	1	ITLE IAME			. ت			
NAME	LAUGHLIN, RUBBIE				ADDDERG				-}	
STREET ADORES			1		ADDRESS				. `}	
CITY-ST-ZIP	MIAMI FL			TY-S	-ZIP			Change	Addition	
TITLE	`{ C ***	☐ DELE		TILE			ĻĮ'	manye _	- CLANGING	
NAME	BAKER, GEORGE		L	AME					Į	
STREET ADDRES	540 PERUIZ AVE				ADDRESS				į	
CITY-ST-ZIP	OPA-LOCKA FL			TY-S				ni iha is	formation	
14. I hereb	y certify that the information su	pplied with this filing does not qua	lify for the ex	empti	on stated	in Section 119.07(3)(i), Florida Statutes.	i τυπη er certify tr made unde r ca t	acole II h; that i	am an	

1. Thereby certify that the imprimation supplies with this limit does not qualify to the exemption stated in occupation in occupation of the composition or supplies with 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, with all other like empowered.

SIGNATURE

WINDLEN AT WHE AREA OF SIGNING OFFICIAN OR DIRECTOR TO BE WINDLE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND THE AND TYPED OR PRINTED NAME OF SIGNING OFFICIAN OR DIRECTOR TO THE AND TYPED OR THE TYPED OR THE AND TYPED OR THE AND TYPED OR THE AND TYPED OR THE TYPED OR THE AND TYPED OR THE TYPED OR THE AND TYPED OR THE TYP

CR2F037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable