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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

(6)

BROTHERHOOD RALLY OF ALL VETERANS ORGANIZATION, INC. Mailing Address Principal Place of Business 24011 VENTURA BLVD 24011 VENTURA BLVD CALABASAS CA 91302 CALABASAS CA 91302 2a. Mailing Address 2. Principal Place of Business

4. FEI Number 95-3779788 Not Applicable 23961 Craftsman Rd 21 23961 Craftsman Rd/ \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Unit I 22 Unit I \$5.00 May Be 6. Election Campaign Financing City & State City & State Added to Fees Trust Fund Contribution 28 Calabasas, California ²³Calabasas, California Zip 25 Los Angeles 29 9130
9. Name and Address of Current Registered Agent 91302 30 LO 24 91302

WILLIAMS-BEY, HALLIE 1567 WEST 9TH STREET JACKSONVILLE FL 32209

s Angeles			Florida Statutes
Ī		<u> </u>	10. Name and Address of New Registered Agent
1	81	Name	
	82	Street Addre	ss (P.O. Box Number is Not Acceptable)
	83		
	84	City	FL 85 Zip Code

3. Date Incorporated or Qualified 08/18/1989

3a. Date of Last Repx 05/19/1995

Applied For

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 applica-		E. Registered Agent signature require	ed when reinstating! EADDITIONS/CHANGES TO OFFICER:	OATE	RS IN 12
12.	OFFICERS AND DIRECTOR		13.			
TITLE	PC	DELETE	1.1 TITLE	D	☐ Change	Addition Addition
NAME	DIAMOND, TONY		1.2 NAME	TOM DRURY		
STREET ADDRESS	24011 VENTURA BLVD		1.3 STREET ADDRESS	858 DUSTY ROCK PL.		
CITY-ST-ZIP	CALABASAS CA		1.4 CITY-ST-ZIP	SANDY, UTAH 84094	770	Addition
TITLE	STD	DELETE	2.1 TITLE	-	Change	☐ AQUILION
NAME	HAMILTON, DOUGLASS W.		2.2 NAME			
STREET ADDRESS	24011 VENTRUA BLVD		2 3 STREET ADDRESS	• •		
CITY-ST-ZIP	CALABASAS CA		2. 4 CITY - ST - ZIP			E Addition
TITLE	D	DELETE	3.1 TITLE		☐ Change	Addition
NAME	BECKMAN, HENRY		3.2 NAME			
STREET ADDRESS	3609 NELSON RD		3.3 STREET ADDRESS			
CITY-ST-ZIP	DEMING WA		34. CITY-ST-ZIP		[] ()	Addition
TITLE	D	DELETE	4.1 TITLE		Change	LT Applition
NAME	TOM WIEBER		4. 2 NAME			
STREET ADDRESS	9921 TAHODA TRAIL		4.3 STREET ADDRESS			
CITY-ST-ZIP	LUSBY MD		4.4 CITY-ST-ZIP		57 0+	☐ Addition
TITLE	D	DELETE	5 1 TITLE		Change	[] Addition
NAME	ELLIOT, GORDON R.		5.2 NAME			
STREET ADDRESS	3442 GREENVISTA		5.3 STREET ADDRESS			
CITY-ST-ZIP	ENCINO CA		5.4 CITY - ST - ZIP	····		☐ Addition
TITLE	D	DELETE	6.1 TITLE		☐ Change	
NAME	STEELE, KENNETH E.		6.2 NAME			
STREET ADDRESS	5627 N. FIGUEROGA		6.3 STREET ADDRESS			
CITY-ST-7IP	LOS ANGELES CA		6.4 CITY-ST-ZIP		50 E. /J. O.A.	

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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 or Block 13 if chapter 4 or an attachment with an address. appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

Vauglasso Hamitten NING OFFICER OR DIRECTOR

(818) 591-6300

Daytime Phone #