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FILED

Feb 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25682 (6)

1. Corporation Name

BROTHERHOOD RALLY OF ALL VETERANS ORGANIZATION,
INC.

Principal Place of Business

Mailing Address

23961 CRAFTSMAN RD.
UNIT 1
CALABASAS CA 91302
US23961 CRAFTSMAN RD.
UNIT
CALABASAS CA 91302-1417
US3. Date Incorporated or Qualified
08/18/19893a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

95-3779788

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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-BEY, HALLIE
1567 WEST 9TH STREET
JACKSONVILLE FL 32209

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PC	<input type="checkbox"/> DELETE
NAME	DIAMOND, TONY	
STREET ADDRESS	24011 VENTURA BLVD	
CITY-ST-ZIP	CALABASAS CA	

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TOM DRJRY	
1.3 STREET ADDRESS	858 DUSTY ROCK PL.	
1.4 CITY-ST-ZIP	SANDY, UTAH 84094	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	HAMILTON, DOUGLASS W.	
STREET ADDRESS	24011 VENTURA BLVD	
CITY-ST-ZIP	CALABASAS CA	

2.1 TITLE	PC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TONY DIAMOND	
2.3 STREET ADDRESS	23961 CRAFTSMAN RD., UNIT I	
2.4 CITY-ST-ZIP	CALABASAS, CA 91302	

TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKMAN, HENRY	
STREET ADDRESS	3609 NELSON RD	
CITY-ST-ZIP	DEMING WA	

3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DOUGLASS W. HAMILTON	
3.3 STREET ADDRESS	23961 CRAFTSMAN RD., UNIT I	
3.4 CITY-ST-ZIP	CALABASAS, CA 91302	

TITLE	D	<input type="checkbox"/> DELETE
NAME	TOM WIEBER	
STREET ADDRESS	9921 TAHODA TRAIL	
CITY-ST-ZIP	LUSBY MD	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	ELLIOT, GORDON R.	
STREET ADDRESS	3442 GREENVISTA	
CITY-ST-ZIP	ENCINO CA	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	STEELE, KENNETH E.	
STREET ADDRESS	5627 N. FIGUEROA	
CITY-ST-ZIP	LOS ANGELES CA	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

DOUGLASS W. HAMILTON

2/20/97

(818) 591-6300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0076377

CR2E037 (9/96)