FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY 16 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000071971

1. Corporation Name
FLORIDA VFW ASSISTANCE PROGRAM CORP.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 09-30-1994
3a. Date of Last Report:

2. Principal Place of Business
21 543 NE SANCHEZ AVE.
Suite Apt # etc 22
City & State 23 OCALA, FL
Zip 24 34470 County 25

2a. Mailing Address
26 PO BOX 1494
Suite Apt # etc 27
City & State 28 HALLANDALE, FL
Zip 29 33008 County 30

4. FEI Number: 59-3278226 (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 § 199.032 Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GEORGE KELLY
543 NE SANCHEZ AVENUE
OCALA, FL 34470

10. Name and Address of New Registered Agent

81 Name: WILLIAM R KIRSOP
82 Street Address (P.O. Box Number is Not Acceptable): 543 NE SANCHEZ AVENUE
83
84 City: OCALA FL 85 Zip Code: 34470

11. Pursuant to the provisions of sections 607.0505 and 607.1508 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 607.0505 Florida Statutes.

SIGNATURE: William R Kirsop
(If changing Registered Agent, Registered Agent must sign) (If changing Registered Agent, new agent must sign) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PRESIDENT TITUS MATHEW 355 CORONADO AVE. #6 LONG BEACH, CA 90814	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	DIRECTOR/SECRETARY/TREASURER SILVIA ARVAYO 6344 1/2 ORANGE AVE. CYPRESS, CA	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

14. I declare I certify that the information required to be supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or added on an attachment with an address.

SIGNATURE: Silvia Arvayo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/95
Date

213-589-9583
Daytime Phone #