

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90142 028 \*\*\*\*61.25

DOCUMENT # **N31908**  
Entity Name  
**RANDOLPH FORD POST NO. 7845 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.**



Principal Place of Business  
**115 STONE RD  
NEW PORT RICHEY FL 34654**

Mailing Address  
**6315 STONE ROAD  
PORT RICHEY FL 34668  
US**



CHECK HERE IF MAKING CHANGES

Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip

4. FEI Number **59-2912271**  
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**WINDERSN, CHARLES  
8732 COCHISE LANE  
PORT RICHEY FL 34668**

7. Name and Address of New Registered Agent  
Name  
**Charles W. Winders**  
Street Address (PO Box Number is Not Applicable)  
**8732 Cochise Lane**  
City  
**Port Richey, FL** Zip Code  
**34668**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Charles W. Winders*  
Signature, typed or printed name of registered agent and title if applicable

DATE **11 FEB 03**

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW! FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TRUSTEE 1 YEAR WAYNE WILCOX 7431 GRANADA AVE NEW PORT RICHEY, FL 34653</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TRUSTEE 2 YEAR PETE BLASSE 8023 PEPPERDINE LN PORT RICHEY, FL 34668</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TRUSTEE 3 YEAR PAUL SOBEK 7241 FIRESIDE DR PORT RICHEY, FL 34668</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles W. Winders* **CHARLES W WINDERS** 11 FEB 03 (727) 847-6277

CR2E037 (10/02)