

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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90317 044 \*\*\*\*70.00

**DOCUMENT # 722832**

1. Entity Name

**BASS CAPITAL POST NO. 10177, VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.**



Principal Place of Business

**461 OLD HWY 17  
VFW POST 10177  
CRESCENT CITY FL 32112**

Mailing Address

**VFW POST 10177  
P. O. BOX 264  
CRESCENT CITY FL 32112**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7141519**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MALINE, JOSEPH F  
202 OSCEOLA ST  
GEORGETOWN FL 32139**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **BERRY, ALAN L**  
STREET ADDRESS **2609 GULF DR**  
CITY-ST-ZIP **PALATKA FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **BONAPARTE, JOHN**  
STREET ADDRESS **904 CENTER ST**  
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **TR SIMMONS, CARL**  
STREET ADDRESS **19 CEDAR STREET**  
CITY-ST-ZIP **CRESCENT CITY FL**

TITLE ☐ Change ☒ Addition  
NAME **CLYDE YOUNG**  
STREET ADDRESS **118 PALMETTO RD.**  
CITY-ST-ZIP **GEORGETOWN, FL 32139**

TITLE ☐ Delete  
NAME **MAUNS, JOSEPH F**  
STREET ADDRESS **202 OSCEOLA ST**  
CITY-ST-ZIP **GEORGETOWN FL 32139**

TITLE ☐ Change ☐ Addition  
NAME **MALINE, JOSEPH F**  
STREET ADDRESS **202 OSCEOLA ST.**  
CITY-ST-ZIP **GEORGETOWN, FL 32139**  
**CORRECTION**

TITLE ☐ Delete  
NAME **S CLYBURN, LLOYD E.**  
STREET ADDRESS **110 PEGGY LANE**  
CITY-ST-ZIP **GEORGETOWN FL**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TR REESE, ROBERT**  
STREET ADDRESS **228 PALM AVE**  
CITY-ST-ZIP **CRESCENT CITY FL 32112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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: *Alan L. Berry* **REQUIRE SIGNATURE**

**386-325-6190**

CR2E037 (10/02)