


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90206 045 ****61.25

008992

| | | | | | |
|---|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 757928 | | | | | |
| 1. Corporation Name TOWN AND COUNTRY POST NO. 10538 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC. | | | | | |
| Principal Place of Business 9125 OLD MEMORIAL HIGHWAY TAMPA FL 33615 | | | Mailing Address 9125 OLD MEMORIAL HIGHWAY TAMPA FL 33615 | | |



| | | | | | |
|--------------------------------|--|---------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 05/07/1981 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-2045074 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | |
| 23 | | 28 | | \$8.75 Additional Fee Required - | |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | |
| 24 | | 29 | | 30 | |
| Country | | Country | | \$5.00 May Be Added to Fees | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| BALLARD, ALVIN L 4712 BESSIE RD. TAMPA FL 33615 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |
| | | | | FL 33615 | | | |

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 RAYMOND F. DEGROAT Raymond F. Degroat 4-22-99
Signature, typed or printed name of registered agent and title if applicable. (NO "E" Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|---------------------|--|--|---|-------------------------|--|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BALLARD, ALVIN L | | | 1.2 NAME | DEGROAT RAYMOND F. | | |
| STREET ADDRESS | 4712 BESSIE RD. | | | 1.3 STREET ADDRESS | 7710 JACKSON SPRINGS RD | | |
| CITY-ST-ZIP | TAMPA FL 33615 | | | 1.4 CITY-ST-ZIP | TAMPA FL 33615-3418 | | |
| TITLE | TD | <input type="checkbox"/> DELETE | | 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHILDERS, CYRIL W | | | 2.2 NAME | | | |
| STREET ADDRESS | 6410 MURRAY HILL DR | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | WALKER, DAVID A | | | 3.2 NAME | KEITH LESTER F. | | |
| STREET ADDRESS | 7503 EASTMOOR CT. | | | 3.3 STREET ADDRESS | 5708 DOSINA LN. | | |
| CITY-ST-ZIP | TAMPA FL 33615 | | | 3.4 CITY-ST-ZIP | TAMPA FL 33615 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. 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 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, with all other like empowered.

SIGNATURE: RAYMOND F. DEGROAT 4-22-99 813-885-7577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)