

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

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90687 039 \*\*\*\*\*75.00

**DOCUMENT # 757928**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2045074**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DEGRAOT, RAYMOND A  
7710 JACKSON SPRINGS RD  
TAMPA FL 33615**

7. Name and Address of New Registered Agent

Name **WILLIAM SPINK**  
Street Address (P.O. Box Number is Not Acceptable)  
**9125 MEMORIAL HWY**  
City **TAMPA** FL Zip Code **33615**

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

*William E. Spink*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**May 09-03**

**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 **TD** ☒ Delete  
NAME **VOLDEN, CARYLE R**  
STREET ADDRESS **10233 PARSONS ST**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **PD** ☒ Delete  
NAME **DEGRAOT, RAYMOND A**  
STREET ADDRESS **7710 JACKSON SPRINGS RD**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **SD** ☒ Delete  
NAME **BALLARD, ALVIN L**  
STREET ADDRESS **4712 BESSIE ROAD**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **COMMANDER** ☒ Change ☐ Addition  
NAME **WILLIAM SPINK**  
STREET ADDRESS **9125 MEMORIAL HWY**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **QUARTERMASTER** ☐ Change ☒ Addition  
NAME **WILLIAM KENNY**  
STREET ADDRESS **9125 MEMORIAL HWY**  
CITY-ST-ZIP **TAMPA FL 33615**

TITLE **ADJUTANT** ☐ Change ☐ Addition  
NAME **ALVIN BALLARD**  
STREET ADDRESS **9125 MEMORIAL HWY**  
CITY-ST-ZIP **TAMPA FL 33615**

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

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

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: *William E. Spink*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03-04-03 813 8544503**

Date Daytime Phone

CR2E037 (10/02)