

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90023 033 \*\*\*\*61.25

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**DOCUMENT # N30987**

1. Corporation Name

**HARDEE COUNTY POST NO. 10285 VETERANS OF FOREIGN  
WARS OF THE UNITED STATES, INC.**

Principal Place of Business

%ROBERT A. JONES  
PO BOX 1500  
WAUCHULA FL 33873

Mailing Address

%ROBERT A. JONES  
PO BOX 1500  
WAUCHULA FL 33873



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 326 HANCHEY ROAD		26		03/03/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0077001	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 WAUCHULA, FLORIDA		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24 33873		25 HARDEE		29 30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PARKS, WARREN 1012 MAGNOLIA LN WAUCHULA FL 33873				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDLEY, ROBERT	1.2 NAME	
STREET ADDRESS	RT 1 BOX 29-B	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOWLING GREEN FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMES, EDWARD P JR.	2.2 NAME	BROWN, DONALD I. JR.
STREET ADDRESS	157 ARROWHEAD LP.	2.3 STREET ADDRESS	P.O. BOX 1234
CITY-ST-ZIP	BOWLING GREEN FL 33834	2.4 CITY-ST-ZIP	WAUCHULA, FL. 33873
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKS, WARREN	3.2 NAME	
STREET ADDRESS	1012 MAGNOLIA LN	3.3 STREET ADDRESS	
CITY-ST-ZIP	WAUCHULA FL	3.4 CITY-ST-ZIP	
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:

ROBERT HENDLEY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Date

941-773-3361

Daytime Phone #

CR2E037 (11/98)