

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90079 039 \*\*\*\*61.25



**DOCUMENT # N30987**  
 1. Entity Name  
**R.A. JONES POST # 10285 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.**

Principal Place of Business: **326 HANCHEY RD. WAUCHULA FL 33873**  
 Mailing Address: **%ROBERT A. JONES PO BOX 1500 WAUCHULA FL 33873**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: **R.A. JONES POST #10285 P.O. BOX 1500**  
 City & State: **WAUCHULA, FLORIDA**  
 Zip: **33873** Country: **HARDEE**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent  
**PARKS, WARREN**  
**1012 MAGNOLIA LN**  
**WAUCHULA FL 33873**

4. FEI Number: **65-0077001** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent  
 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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: <b>TD</b>	<input type="checkbox"/> Delete
NAME: <b>HENDLEY, ROBERT</b>	
STREET ADDRESS: <b>RT 1 BOX 29-B</b>	
CITY-ST-ZIP: <b>BOWLING GREEN FL</b>	
TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME: <b>BROWN, DONALD I JR</b>	
STREET ADDRESS: <b>PO BOX 1234</b>	
CITY-ST-ZIP: <b>WAUCHULA FL 33873</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> Delete
NAME: <b>PARKS, WARREN</b>	
STREET ADDRESS: <b>1012 MAGNOLIA LN</b>	
CITY-ST-ZIP: <b>WAUCHULA FL</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MCCOMBS, WOODROW</b>	
STREET ADDRESS: <b>7720 CENTER RD.</b>	
CITY-ST-ZIP: <b>ZOLFO SPRINGS, FLORIDA 33890</b>	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-ST-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Robert Hendley* **ROBERT HENDLEY** 2/24/05 863-773-3361  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #