


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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90263 028 ****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 Mailing Address


**326 HANCHEY RD.
WAUCHULA FL 33873** **%ROBERT A. JONES
PO BOX 1500
WAUCHULA FL 33873**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0077001** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**PARKS, WARREN
1012 MAGNOLIA LN
WAUCHULA FL 33873**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

I, 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	HENDLEY, ROBERT	
STREET ADDRESS	RT 1 BOX 29-B	
CITY-ST-ZIP	BOWLING GREEN FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BROWN, DONALD I JR	
STREET ADDRESS	PO BOX 1234	
CITY-ST-ZIP	WAUCHULA FL 33873	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PARKS, WARREN	
STREET ADDRESS	1012 MAGNOLIA LN	
CITY-ST-ZIP	WAUCHULA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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** 2/13/03 863/773-3361

CR2E037 (10/02)