

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746372 (2)

1. Corporation Name

**PORT RICHEY POST NO. 6180 VETERANS OF FOREIGN WA
RS OF THE UNITED STATES, INC.**



Principal Place of Business

**11551 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654-1334**

Mailing Address

**11551 OSCEOLA DRIVE
NEW PORT RICHEY FL 34654-1334**

3. Date Incorporated or Qualified
03/21/1979

3a. Date of Last Report
03/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1900114

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUMMERFIELD, WILLIAM F.
11551 OSCEOLA DR.
NEW PORT RICHEY FL 34654**

81 Name

CLIFFORD ROSE

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

11551 OSCEOLA DR

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34654

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 **CLIFFORD ROSE**

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 **DC** ☒ DELETE
NAME **SUMMERFIELD, WILLIAM F**
STREET ADDRESS **11241 MARQUERITE AVE.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

1.1 TITLE **DC** ☒ Change ☐ Addition
1.2 NAME **CLIFFORD ROSE**
1.3 STREET ADDRESS **4132 RUDDERWAY**
1.4 CITY-ST-ZIP **NEW PT RICHEY FL**

TITLE **DM** ☒ DELETE
NAME **STEPHENS, JOHN W**
STREET ADDRESS **7731 CALAFONTE DR.**
CITY-ST-ZIP **PT. RICHEY FL**

2.1 TITLE **DM** ☒ Change ☐ Addition
2.2 NAME **WILLARD AARON**
2.3 STREET ADDRESS **7145 STEVEN RD**
2.4 CITY-ST-ZIP **PORT RICHEY FL**

TITLE **DT** ☐ DELETE
NAME **SUMMERFIELD, E. L**
STREET ADDRESS **9410 PONTIAC ST.**
CITY-ST-ZIP **NEW PT. RICHEY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **DVC** ☒ DELETE
NAME **CLIFFORD, ROSE**
STREET ADDRESS **4132 RUDDERWAY**
CITY-ST-ZIP **NEW PT. RICHEY FL**

4.1 TITLE **DVC** ☒ Change ☐ Addition
4.2 NAME **THOMAS L BARNHILL**
4.3 STREET ADDRESS **7610 JASMIN BLVD**
4.4 CITY-ST-ZIP **PORT RICHEY FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: **CLIFFORD ROSE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96 813-863-8624

CR2E037 (12/95)