

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morone Secretary of State DIVISION OF CORPORATIONS
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FILED

98 MAR 25 AM 9:24

DOCUMENT # **746372** (2)

1. Corporation Name

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 11551 OSCEOLA DRIVE NEW PORT RICHEY FL 34654-1334	Mailing Address 11551 OSCEOLA DRIVE NEW PORT RICHEY FL 34654-1334
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3. Date Incorporated or Qualified 03/21/1979	
4. FEI Number 59-1900114	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent ROSE CLIFFORD 11551 OSCEOLA DRIVE NEW PORT RICHEY FL 34654
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10. Name and Address of New Registered Agent 81 Name Robert L Fawley 82 Street Address (P.O. Box Number is Not Acceptable) 11551 OSCEOLA DR 83 84 City New Port Richey FL 85 Zip Code 34654
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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 **Robert L. Fawley** **Robert L. Fawley** **23 Feb 98**

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

12. OFFICERS AND DIRECTORS	
TITLE	DC <input checked="" type="checkbox"/> DELETE
NAME	CLIFFORD, ROSE
STREET ADDRESS	4132 RUDDERWAY
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	DM <input checked="" type="checkbox"/> DELETE
NAME	WILLIARD, AARON
STREET ADDRESS	7145 STEVEN ROAD
CITY-ST-ZIP	PORT RICHEY FL ADT.
TITLE	DT <input type="checkbox"/> DELETE
NAME	SUMMERFIELD, E. L
STREET ADDRESS	9410 PONTIAC ST.
CITY-ST-ZIP	NEW PT. RICHEY FL MASTER
TITLE	DVC <input type="checkbox"/> DELETE
NAME	BARNHILL, THOMAS L
STREET ADDRESS	7810 JASMIN BLVD
CITY-ST-ZIP	PORT RICHEY FL SR VICE
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Robert L Fawley Commander
1.3 STREET ADDRESS	11551 OSCEOLA DR
1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34654
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	200002475662--7
2.4 CITY-ST-ZIP	9410 PONTIAC ST
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TRUSTEE
4.3 STREET ADDRESS	CLIFFORD ROSE
4.4 CITY-ST-ZIP	11551 OSCEOLA DR
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOHN CAMPBELL TRUSTEE
5.3 STREET ADDRESS	15741 DONZI DR.
5.4 CITY-ST-ZIP	HUDSON FL. 34667
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	TRUSTEE
6.3 STREET ADDRESS	TED H EZEEL
6.4 CITY-ST-ZIP	PO BOX 981 N/A
	OLDSMAR FL. 34677

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.

SIGNATURE: **E.L. Summerfield** **2-9-98** (813) 863-8824

CR2E037 (10/97)