

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90351 028 ****61.25



DOCUMENT # 746372
 1. Entity Name
 PORT RICHEY POST NO. 6180 VETERANS OF FOREIGN WARS 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



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

04252008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number: 59-1900114
 Applied For: Not Applicable

6. Name and Address of Current Registered Agent
 BOWLES, JOHN
 6727 UDELL LANE
 HUDSON, FL 34667

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

Filing Fee is \$61.25
Due by May 1, 2008

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	QM	<input type="checkbox"/> Delete
NAME	FOGARTY, JOHN	
STREET ADDRESS	12026 TOURNAMENT VIEW AVE.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SUMMERFIELD, WILLIAM	
STREET ADDRESS	11241 MARQUERITE AVE.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	SR	<input checked="" type="checkbox"/> Delete
NAME	DANES, CARL	
STREET ADDRESS	13028 PARKWOOD STREET	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	JR	<input checked="" type="checkbox"/> Delete
NAME	GREENWOOD, DAVE	
STREET ADDRESS	9541 ANDY DRIVE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	
TITLE	ADJ	<input type="checkbox"/> Delete
NAME	PALMERTON, THOMAS	
STREET ADDRESS	12228 SUGARWOOD CT	
CITY-ST-ZIP	HUDSON, FL 34667	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, RICHARD	
STREET ADDRESS	7733 LEOKIDDAUE	
CITY-ST-ZIP	PORT RICHEY, FL 34668	

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	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIMMEL, RICHARD	
STREET ADDRESS	10534 CRIMSON LANE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	SR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BICKFORD, RUSSELL	
STREET ADDRESS	13430 PARKWOOD STREET	
CITY-ST-ZIP	HUDSON, FL 34669	
TITLE	JR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOBLES, HARRY	
STREET ADDRESS	2415 LORAS STREET	
CITY-ST-ZIP	NEWPORT RICHEY, FL 34654	
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 exemptions contained in Chapter 119, 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: John Fogarty QM Date: 4-25-08 Daytime Phone #: 727-863-8834