

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746372

**Entity Name:** PORT RICHEY POST NO. 6180 VETERANS OF FOREIGN WARS  
OF THE UNITED STATES, INC.**FILED**  
**Jun 07, 2020**  
**Secretary of State**  
**6851570093CC****Current Principal Place of Business:**11551 OSCEOLA DRIVE  
NEW PORT RICHEY, FL 34654-1334**Current Mailing Address:**11551 OSCEOLA DRIVE  
NEW PORT RICHEY, FL 34654-1334**FEI Number: 59-1900114****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SABLE, SHERYL R  
BOOKKEEPER  
11551 OSCEOLA DRIVE  
NEW PORT RICHEY, FL 34654 US*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.***SIGNATURE: SHERYL R. SABLE****06/07/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** COMMANDER  
**Name** BARTOSCH, ROBERT A  
**Address** 11120 ELDERBERRY DRIVE  
**City-State-Zip:** PORT RICHEY FL 34668**Title** SRV  
**Name** BUTLER, HAROLD  
**Address** 11360 MINNIEOLA DRIVE  
**City-State-Zip:** NEW PORT RICHEY FL 34664**Title** JRV  
**Name** D'AMORE, DONALD  
**Address** 11432 GOLF ROUND DRIVE  
**City-State-Zip:** NEW PORT RICHEY FL 34654**Title** QM  
**Name** MOTTELER, GARY  
**Address** 9540 STAR TRAIL  
**City-State-Zip:** NEW PORT RICHEY FL 34654**Title** ADJUTANT  
**Name** JESTUS, JON A  
**Address** 10520 SALAMANCA DR  
**City-State-Zip:** PORT RICHEY FL 34668-3038**Title** CHAPLAIN  
**Name** FALKNER, JOSEPH M  
**Address** 10422 BERWYN STREET  
**City-State-Zip:** NEW PORT RICHEY FL 34654-3761**Title** SURGEON  
**Name** KROSNECKI, SAMMY W  
**Address** 13435 SUNFISH DRIVE  
**City-State-Zip:** HUDSON FL 34667**Title** 2 YR TRUSTEE  
**Name** SERVELLO, FRANK  
**Address** 8225 AREVEE DRIVE  
**City-State-Zip:** NEW PORT RICHEY FL 34653-1427**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: GARY MOTTELER****QUARTERMASTER****06/07/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                    3 YR TRUSTEE  
Name                   ZIVICA, FRANK J  
Address                10905 SETARIA COURT  
City-State-Zip:    NEW PORT RICHEY FL 34655-4369

Title                    1 YR TRUSTEE  
Name                   KROSNICKI, SAMMY W  
Address                13435 SUNFISH DRIVE  
City-State-Zip:    HUDSON FL 34667