

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746372

**FILED**  
**Apr 15, 2022**  
**Secretary of State**  
**1990125622CC**

**Entity Name:** PORT RICHEY POST NO. 6180 VETERANS OF FOREIGN WARS OF THE UNITED STATES, INC.

**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**

**04/15/2022**

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           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           SNYDER, ROBERT E  
Address       11815 TURKEY LANE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title           3 YR TRUSTEE  
Name           KROSNICKI, SAMMY W  
Address       13435 SUNFISH DRIVE  
City-State-Zip: HUDSON FL 34667

**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**

**04/15/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title 1 YR TRUSTEE  
Name ZIVICA, FRANK J  
Address 10905 SETARIA COURT  
City-State-Zip: NEW PORT RICHEY FL 34655-4369

Title JUDGE ADVOCATE  
Name BARTOSCH, ROBERT A  
Address 11120 ELDERBERRY DRIVE  
City-State-Zip: PORT RICHEY FL 34668-2305