

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# 746372

**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

06/25/2021

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

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*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

06/25/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	1 YR TRUSTEE	Title	JUDGE ADVOCATE
Name	ZIVICA, FRANK J	Name	BARTOSCH, ROBERT A
Address	10905 SETARIA COURT	Address	11120 ELDERBERRY DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34655-4369	City-State-Zip:	PORT RICHEY FL 34668-2305