

2021 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**
Apr 18, 2021
Secretary of State
9210869240CC**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****04/18/2021**

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** 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****04/18/2021**

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