## 2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT# 746372** 

Entity Name: PORT RICHEY POST NO. 6180 VETERANS OF FOREIGH 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 06/16/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

City-State-Zip:

Title COMMANDER Title SRV

Name RICHARDSON, ERIC D. Name BUTLER, HAROLD

7832 SESAME STREET 11360 MINNIEOLA DRIVE Address Address

HUDSON FL 34667-1280 City-State-Zip: City-State-Zip: NEW PORT RICHEY FL 34654-1313

Title JRV Title OM

Name MOTTELER, GARY PLEWNIAK, ROBERT Name Address 9540 STAR TRAIL 9315 PEONY STREET Address

City-State-Zip: NEW PORT RICHEY FL 34654 City-State-Zip: NEW PORT RICHEY FL 34654

Title SURGEON Title **CHAPLAIN** 

Name **NEVILLE. WILLIAM** Name BAIRD, GUY Address 10521 SCENIC DRIVE Address 8441 MOULTON DRIVE City-State-Zip: PORT RICHEY FL 34668

Title 3 YR TRUSTEE Title 2 YR TRUSTEE

Name ZIVICA, FRANK Name TAYLOR, DONALD D Address 10905 SETARIA COURT 7821 PINEAPPLE LANE Address

City-State-Zip: NEW PORT RICHEY FL 34655-4369 City-State-Zip: PORT RICHEY FL 34668

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SIGNATURE: ERIC D RICHARDSON

PORT RICHEY FL 34668

COMMANDER

06/16/2023

**FILED** 

Jun 16, 2023

Secretary of State 4064117974CC

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.

## Officer/Director Detail Continued:

Title1 YR TRUSTEETitleJUDGE ADVOCATENameSNYDER, ROBERT ENamePLEWNIAK, ROBERTAddress11815 TURKEY LANEAddress9315 PEONY STREET

City-State-Zip: NEW PORT RICHEY FL 34654 City-State-Zip: NEW PORT RICHEY FL 34654