

**2024 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**  
**Mar 11, 2024**  
**Secretary of State**  
**9194905016CC**

**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**

**03/11/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           COMMANDER  
Name           RICHARDSON, ERIC D.  
Address        7832 SESAME STREET  
City-State-Zip: HUDSON FL 34667-1280

Title           SRV  
Name           BUTLER, HAROLD  
Address        11360 MINNIEOLA DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654-1313

Title           JRV  
Name           PLEWNIK, ROBERT  
Address        9315 PEONY STREET  
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           BAIRD, GUY  
Address        8441 MOULTON DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title           SURGEON  
Name           NEVILLE, WILLIAM  
Address        10521 SCENIC DRIVE  
City-State-Zip: PORT RICHEY FL 34668

Title           2 YR TRUSTEE  
Name           TAYLOR, DONALD D  
Address        7821 PINEAPPLE LANE  
City-State-Zip: PORT RICHEY FL 34668

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

**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**

**03/11/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title 1 YR TRUSTEE  
Name SNYDER, ROBERT E  
Address 11815 TURKEY LANE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title JUDGE ADVOCATE  
Name PLEWNIAK, ROBERT  
Address 9315 PEONY STREET  
City-State-Zip: NEW PORT RICHEY FL 34654