

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CR2E081 (6/10)

CORPORATION
2010 Annual Report



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 746372

1. Corporation Name **PORT RICHEY POST NO.6180**

**VETERANS OF FOREIGN WARS OF THE
UNITED STATES, INC**

2. Principal Office Address - No P.O. Box # 11551 OSCEOLA DR		3. Mailing Office Address 11551 OSCEOLA DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State NEW PORT RICHEY FL		City & State NEW PORT RICHEY, FL	
Zip 34654	Country PASCO	Zip 34654	Country PASCO

4. Date Incorporated or Qualified To Do Business in Florida 11-20-1977	
5. FEI Number 59-1900114	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name
WILLIAM SPRINGSTEEN

Street Address (P.O. Box Number is Not Acceptable)
11511 SMITH BLVD

Suite, Apt. #, Etc.

City
HUDSON

State
FL

Zip Code
34667

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent *William H. Springsteen* Date **8/13/10**
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
SRV	GERALD MULHOLLAND	13331 WRENWOOD CIR	HUDSON, FL 34669
JRV	THOMAS BURNETTE	12816 PARKWOOD ST	HUDSON, FL 34669
QM	JOHN FOGARTY	12026 TOURNAMENT VIEW AVE	NEW PORT RICHEY, FL 34664
ADJ	HAROLD MERCER III	12836 SANDCRANE WAY	HUDSON, FL 34669
T3Y	JOSEPH FALKNER	10422 BERWYN ST	NEW PORT, FL 34654
TZY	CLARENCE PYLES	19527 LAKE PATIENCE RD	LAND O' LAKES, FL 34638

10. E-mail Address: _____
(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *William H. Springsteen* *Commander* **8/13/10** **727-863-8821**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #