FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # N00359

(2)

VETERANS VILLAGE SECURITY PATROL, INC. Principal Place of Business Mailing Address Mailing Address							
	SPRINGS BLVD RICHEY FL 34655	3132 SEVEN SPRINGS B NEW PORT RICHEY FL 3 US					
					3. Date Incorporated or Qualified 12/14/1983	3a. Date of Last 04/28/1	Report 995
	ace of Business	2a. Mailing Address			4. FEI Number 59-2352766		Applied For
Suite, Apt.	ter McKay Blvd. #, etc.	26 Chester M Suite, Apt. #, etc.	CKAY B	lva.			Not Applicable Additional
VFW Post #7987		27 VFW Post #7987 City & State 28 New Port Richey, FL		5. Certificate of Status Desired	Fee	Required	
New Port Richey, FL Zip Country				Election Campaign Financing Trust Fund Contribution		O May Be d to Fees	
		Zip	Country	L'-L'-	8. This corporation has liability for int		
²⁴ 34655	4655 25 Pasco 29 34655 30 9. Name and Address of Current Registered Agent		30 Pas	ÇO	Florida Statutes Yes No		
	9. Italiie alid Addiess of Culter	it negistered Agent	81	Name	10. Name and Address of New Re	gistered Agent	· · · ·
KEARNEY LILLIAN					Reynolds ss (P.O. Box Number is Not Acceptable		
3544 HARTLAND			82	_ ' '			
NEW PORT RICHEY FL 34655			83		29 Ludlow Dr.		
			84	City		BE 7	o Code
					Port Richey	FL 85 Zi	4655
 Pursuant to or register 	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori	? and 617.1508, Florida Statutes da. Such change was authorized	the above-na	med corpora	ton submits this statement for the purport of directors. I hereby accept the appoin	ose of changing its i	egistered office
familiär wi	th, and accept the obligations of Sect	ion 617.0503, Florida Statutes.	2 D) 1110 001p0	TOTAL DECEMBER			agent. ram
SIGNATURE .	Signature, typed of printed name of registered agent	ds	- D			4-12-96	
12.	OFFICERS AN		Registered Agent	signature required i	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	0BS IN 12
TITLE	PD	★] DELETE	1.1 TITLE	PD		★ Change	Addition
NAME	LILLIAN KEARNEY		12 NAME	ጥር	ny Petrucci	_	_
STREET ADDRESS	3544 HARTLAND		1.3 STREET A		58 Morrow St.		
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-		w Port Richey, Fl		
TITLE	VD	★ DELETE	2.1 TITLE	VD	•	Change Change	☐ Addition
NAME	NEVERGALL, GEORGE		2.2 NAME				
STREET ADDRESS			2.3 STREET A		eil Kellogg El Jenaer		
CITY-ST-ZIP	NEW PORT RICHEY FL	C OCCUPATE OF THE PARTY OF THE	2. 4 CITY-ST	-ZIP VOS	Port Richey, FL		
TITLE	FRAN DUNCAN	¥ DELETE	3.1 TITLE	SD		Change Change	Addition
NAME STREET ADDRESS	7643 ATHERTON		3.2 NAME	Иа	rry Hall		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.3 STREET A	75	08 Cambria Lane		•
TITLE	TD	DELETE	3.4. CITY-ST		w Port Richey, FI	- Change	Addition
NAME	REYNOLDS, KAY		4. 2 NAME			⇔nange	
STREET ADDRESS	3129 LUDLOW DR.		4.3 STREET A	DORESS SA	.ME		
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-	DOTTEDO			
TITLE		DELETE	5.1 TITLE		1777-177	☐ Change	Addition
NAME			5.2 NAME			– •	
STREET ADDRESS			5 3 STREET A	DDRESS			
CITY-ST-ZIP			5.4 CITY-ST-	ZIP			
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	DDRESS			ŀ
CITY-ST-ZIP		The state of the s	6.4 CITY-ST-				
14. Luo nereb	y cerury that the information supplied v	vito tois tiling is voluntarily furnisl	ned and does	not qualif√ for	the exemption stated in Section 119.07	(3)(k) Florida Statut	oc I further

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or onyan attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Date

Date

Date

Degrime Proce #

SIGNATURE: _

4-12-96 813-376-4905
Date Deprime Proce #