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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N00359** (2)

1. Corporation Name

VETERANS VILLAGE SECURITY PATROL, INC.

Principal Place of Business

Mailing Address

**CHESTER MCKAY BLVD.
VFW POST #7987
NEW PORT RICHEY FL 34655
US**

**CHESTER MCKAY BLVD.
VFW POST #7987
NEW PORT RICHEY FL 34655
US**

3. Date Incorporated or Qualified

12/14/1983

4. FEI Number

59-2352766

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 **KAY REYNOLDS**

22 City & State

27 **3129 LUDLOW DR**

23 City & State

28 **NEW PORT RICHEY FL**

24 Zip

25 Country

29 Zip

30 Country

34655

USA

5. Certificate of Status Desired

☐ **\$8.75 Additional**

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be**

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KAY REYNOLDS
3129 LUDLOW DR.
NEW PORT RICHEY FL 34655**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SECRETARY DIRECTOR
NAME	TONY PETRUCCI	1.2 NAME	MARY QUIMBY
STREET ADDRESS	3358 MORROW ST.	1.3 STREET ADDRESS	7729 ANAHEIRNAVE.
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34655
TITLE	VD	2.1 TITLE	
NAME	CECIL KELLOGG	2.2 NAME	
STREET ADDRESS	7651 JENNER	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	HARRY HALL	3.2 NAME	
STREET ADDRESS	7508 CAMBRIA LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	REYNOLDS, KAY	4.2 NAME	
STREET ADDRESS	3129 LUDLOW DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE: *Kay Reynolds* **KAY REYNOLDS** 4-14-98 813-376-4365

CR2E037 (10/97)