

FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02686 (6)**  
1. Corporation Name  
**VETERANS VILLAGE POST NO. 343, INCORPORATED**



Principal Place of Business <b>3120 7 SPRINGS BLVD. SEVEN SPRINGS FL 34855</b>	Mailing Address <b>3120 7 SPRINGS BLVD. SEVEN SPRINGS FL 34655-3340</b>
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3. Date Incorporated or Qualified <b>04/23/1984</b>	3a. Date of Last Report <b>01/29/1996</b>
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2. Principal Place of Business 21 <b>3120 7 Spring Blvd</b> Suite, Apt. #, etc. 22 <b>Seven Spring</b> City & State 23 <b>Florida</b> Zip 24 <b>34655</b>	2a. Mailing Address 26 <b>3120 7 Spring Blvd</b> Suite, Apt. #, etc. 27 <b>Seven Springs</b> City & State 28 <b>Florida</b> Zip 29 <b>34655</b>	Country 25 <b>PASCO</b> Country 30 <b>PASCO</b>
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4. FEI Number <b>59-1817917</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRAZIL, JOSEPH J.  
3408 DELLEFIELD ST  
SEVEN SPRINGS FL 34855**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MORAN, HAROLD</b>	
STREET ADDRESS	<b>4323 SWALLOWTAIL DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>DVC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HARTSHORE, WALTER J.</b>	
STREET ADDRESS	<b>6012 REDHAWK DR.</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>DVC</b>	<input type="checkbox"/> DELETE
NAME	<b>WRIGHT, DAVID C</b>	
STREET ADDRESS	<b>7444 ABINGTON AVE</b>	
CITY-ST-ZIP	<b>SEVEN SPRINGS FL</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, KATHERIN L.</b>	
STREET ADDRESS	<b>3319 BRIAR CLIFF DR.</b>	
CITY-ST-ZIP	<b>HOUDAY FL</b>	
TITLE	<b>F</b>	<input type="checkbox"/> DELETE
NAME	<b>MIELE, FRANK</b>	
STREET ADDRESS	<b>7407 ABINGTON AVE</b>	
CITY-ST-ZIP	<b>SEVEN SPRINGS FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BRAZIL, JOSEPH J.</b>	
STREET ADDRESS	<b>3408 DELLEFIELD ST</b>	
CITY-ST-ZIP	<b>SEVEN SPRGS FL</b>	

1.1 TITLE	<b>D.C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>HARTSHORE, WALTER J</b>	
1.3 STREET ADDRESS	<b>6012 REDHAWK DRIVE</b>	
1.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL. 34655</b>	
2.1 TITLE	<b>DVC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>MORAN HAROLD</b>	
2.3 STREET ADDRESS	<b>4323 SWALLOWTAIL DRIVE</b>	
2.4 CITY-ST-ZIP	<b>NEW PORT RICHEY FL. 34655</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Frank Miele* **FOUNDER** **OFFICER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/17/97** (813 376-3582)

Daytime Phone # **0088115**

CR2E037 (9/96)