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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N02686** (6)  
1. Corporation Name  
**VETERANS VILLAGE POST NO. 343, INCORPORATED**



Principal Place of Business  
**3120 7 SPRING BLVD  
SEVEN SPRING FL 34655  
US**

Mailing Address  
**3120 7 SPRING BLVD  
SEVEN SPRING FL 34655  
US**

3. Date Incorporated or Qualified  
**04/23/1984**

4. FEI Number  
**59-1817917**

Applied For  
☐ Yes ☒ Not Applicable

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

2. Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

2a. Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

9. Name and Address of Current Registered Agent

**BRAZIL, JOSEPH J.  
3408 DELLEFIELD ST  
SEVEN SPRINGS FL 34655**

10. Name and Address of New Registered Agent

**81** Name **JOHN J. O'BRIEN**  
**82** Street Address (P.O. Box Number is Not Acceptable) **6808 LANSSEN AVE**  
**83** City **NEWPORT RICHEY** **FL** **85** Zip Code **34655**

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	DC	1.1 TITLE	DC
NAME	HARTSHORE, WALTER J	1.2 NAME	HAROLD MORAN
STREET ADDRESS	6012 RED HAWK DR	1.3 STREET ADDRESS	4323 SWALLOW TAIL DR
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34653-6430
TITLE	DVC	2.1 TITLE	DVC
NAME	MORAN HAROLD	2.2 NAME	LEDWITH, THOMAS J.
STREET ADDRESS	4323 SWALLOW TRIL DR	2.3 STREET ADDRESS	4624 SWALLOW TAIL DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653-6500
TITLE	DVC	3.1 TITLE	DC
NAME	WRIGHT, DAVID C	3.2 NAME	HARTSHORE, WALTER J
STREET ADDRESS	7444 ABINGTON AVE	3.3 STREET ADDRESS	6012 RED HAWK DRIVE
CITY-ST-ZIP	SEVEN SPRINGS FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	AT	4.1 TITLE	
NAME	ROBINSON, KATHERIN L.	4.2 NAME	
STREET ADDRESS	3319 BRIAR CLIFF DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	4.4 CITY-ST-ZIP	
TITLE	F	5.1 TITLE	
NAME	MIELE, FRANK	5.2 NAME	
STREET ADDRESS	7407 ABINGTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SEVEN SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	DC
NAME	BRAZIL, JOSEPH J.	6.2 NAME	JOHN J. O'BRIEN
STREET ADDRESS	3408 DELLEFIELD ST	6.3 STREET ADDRESS	6808 LANSSEN AVE
CITY-ST-ZIP	SEVEN SPRGS FL	6.4 CITY-ST-ZIP	NEWPORT RICHEY, FL 34655-3325

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: **FRANK MIELE** **FINANCE OFFICER** **1-8-98** **813-376-3582**

CR2E037 (10/97)