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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90029 024 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N02686**

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/23/1984

4. FEI Number

59-1817917

Applied For

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

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

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 ☐ DELETE

TITLE DC  
NAME MORAN, HAROLD  
STREET ADDRESS 4323 SWALLOW TAIL DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE DVC  
NAME LEDWITH, THOMAS J  
STREET ADDRESS 4624 SWALLOW TAIL DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE AT  
NAME ROBINSON, KATHERIN L.  
STREET ADDRESS 3319 BRIAR CLIFF DR.  
CITY-ST-ZIP HOLIDAY FL

TITLE F  
NAME MIELE, FRANK  
STREET ADDRESS 7407 ABINGTON AVE  
CITY-ST-ZIP SEVEN SPRINGS FL

TITLE VP  
NAME HARTSHORE, WALTER J  
STREET ADDRESS 6012 RED HAWK DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **F**  
4.2 NAME **LYONS, GEORGE W.**  
4.3 STREET ADDRESS **7910 KNOX LOOP**  
4.4 CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **2-2-99** (727) 326-4449  
Daytime Phone #

CR2E037 (11/98)