

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90218 001 ****61.25

DOCUMENT # N02686

1. Entity 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

50019796



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

40 Kathryn L. Robinson
Suite, Apt. #, etc. COMMANDER

3. Mailing Address

3319 BRIAR CLIFF DR.
Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Zip

Country

4. FEI Number

59-1817917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LYONS, GEORGE W
7910 KNOX LOOP
NEW PORT RICHEY FL 34655

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE F ☐ Delete
NAME LYONS, GEORGE W
STREET ADDRESS 7910 KNOX LOOP
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE VCD ☐ Delete
NAME CHRISTIANSEN, ROBERT
STREET ADDRESS 4228 WOOD TRAIL BOULEVARD
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE VCD ☐ Delete
NAME McDONALD, MERVIN J
STREET ADDRESS 2400 CHANCERY DRIVE
CITY-ST-ZIP HOLIDAY FL 34690

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George W. Lyons, Finance Officer
George W. Lyons, F.O.

Feb 21 '05 376-4449

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #