2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/8/2006-90002-043-$61.25-$61.25

FILED
06 SEP 15 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N02686

1. Entity Name
Veterans Village
~~VETERANS VILLAGE~~ POST NO. 343, INCORPORATED
~~AMERICAN LEGION~~

Principal Place of Business	Mailing Address
C/O KATHRYN L ROBINSON SEVEN SPRING FL 34655 US	3319 BRIAR CLIFF DR HOLIDAY FL 34690 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 5103 Idlewild ST.	Suite, Apt. #, etc. 5103 Idlewild ST
City & State NEW PORT Richey, FL	City & State NEW PORT Richey, FL
Zip 34653 Country PASCO	Zip 34653 Country PASCO

2nd MOORE CR2E037 (4/06)

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	7. Name and Address of New Registered Agent
LYONS, GEORGE W 7910 KNOX LOOP NEW PORT RICHEY FL 34655	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 George W. Lyons, Fin. off George W. Lyons Aug. 5'06
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 September 6, 2006

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD ROBINSON, KATHERIN L. 3319 BRIAR CLIFF DR. HOLIDAY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 5103 IDLEWILD ST NEW PORT Richey, FL 34653	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	F LYONS, GEORGE W 7910 KNOX LOOP NEW PORT RICHEY FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD CHRISTIANSEN, ROBERT 4228 WOOD TRAIL BOULEVARD NEW PORT RICHEY FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition CHRISTIANSEN, BERT	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD MCDONALD, MERVIN J 2400 CHANCERY DRIVE HOLIDAY FL 34690	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 12180 PENZANCE LN NEW PORT Richey, FL 34654	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Fin. off George W. Lyons Aug. 5'06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #