

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N02686

1. Entity Name

VETERANS VILLAGE POST NO. 343, INCORPORATED



Principal Place of Business

5103 IDLEWILD ST.
NEW PORT RICHEY FL 34653
US

Mailing Address

5103 IDLEWILD ST.
NEW PORT RICHEY FL 34653
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1817917

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

2nd MOORE

CR2E037 (4/07)

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

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 5, 2007

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 5103 IDLEWILD ST.
CITY-ST-ZIP NEW PORT RICHEY FL 34653

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, BERT
STREET ADDRESS 4228 WOOD TRAIL BOULEVARD
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE VCD ☐ Delete
NAME MCDONALD, MERVIN J
STREET ADDRESS 12180 PENZANCE LANE
CITY-ST-ZIP NEW PORT RICHEY FL 34654

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
U0000007E9937
07/23/07-80001-019 61.25

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

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

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

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, For off* *July 26 '07*