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Secretary of State

03-22-1999 90002 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 733094 1. Corporation Name WEST PASCO-TARPON SPRINGS BOARD OF REALTORS, INC			
Principal Place of Business 5409 SUNSET ROAD NEW PORT RICHEY FL 34652		Mailing Address 5409 SUNSET ROAD NEW PORT RICHEY FL 34652	



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		06/17/1975	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1650514	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MISEMER, KEN 123 W. NEBRASKA NEW PORT RICHEY FL 33552				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL			

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	EO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPELAND, SAMMIE	1.2 NAME	
STREET ADDRESS	5409 SUNSET RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOUNTAIN, PEGGY	2.2 NAME	
STREET ADDRESS	4925 CROSS BAYOU BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, RITA	3.2 NAME	
STREET ADDRESS	5447 JAMES ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONEYCUTT, JEAN	4.2 NAME	
STREET ADDRESS	7415 US 19 SA	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNETT, BEVERLY	5.2 NAME	
STREET ADDRESS	5425 MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Sammie Copeland SIGNATURE REQUIRED: Sammie Copeland Date: 2/8/99 Daytime Phone #: 727/848-8501

CR2E037 (11/98)

244946-90002-23
733094

**1999 OFFICERS AND DIRECTORS OF THE WEST PASCO BOARD
OF REALTORS AND MLS INC.**

JEAN HONEYCUTT – PRESIDENT, RE/MAX ADVANTAGE, 8410 US 19 S, SUITE 105, PORT
RICHEY, FL, 34652 (Volunteer) Lic #444578 Phone#727-863-8400 FAX 727-863-8400

PEGGY MOUNTAIN – PRESIDENT-ELECT, PRUDENTIAL LINDRICK, 4925 CROSS BAYOU
BLVD, NEW PORT RICHEY, FL 34652 (Volunteer) Lic#250206 Phone#727-849-2266 FAX 727-848-
4866

DON HALE – SECRETARY, DONALD C. HALE AND ASSOC., 5844 Main St., NEW PORT
RICHEY, FL 34652-6049 (Volunteer) Lic#578735 Phone #727-847-1449 FAX 727-845-8220

CLAUDETTE VOGEL – TREASURER, RE/MAX ADVANTAGE, 8410 US 19 SUITE 105, PORT
RICHEY, FL 34668 (Volunteer) Lic#173067 Phone #727-848-1234 FAX 727-849-3456

BEVERLY BARNETT -DIRECTOR, RITA HILL REAL ESTATE, 5447 JAMES ST., NEW PORT
RICHEY, FL 34652 (Volunteer)

RITA HILL - DIRECTOR, RITA HILL REAL ESTATE, 5447 JAMES ST., NEW PORT RICHEY, FL
34652 (Volunteer)

CHARLES GREY - DIRECTOR, F.I.GREY & SON, INC., 6328 US 19 SOUTH, NEW PORT RICHEY,
FL 34652 (Volunteer)

MARIE FORD – DIRECTOR, RE/MAX ADVANTAGE, 8410 US 19, SUITE 105, PORT RICHEY, FL
34668 (Volunteer)

JEANNE BUCHANAN – DIRECTOR, C-21 PROFESSIONAL REALTY, 5600 US 19, NEW PORT
RICHEY, FL 34652 (Volunteer)

JENNIFER FRANCE – DIRECTOR, P.D. CAHILL REALTY, 8501 S.R. 54, NEW PORT RICHEY, FL
34652 (Volunteer)

DEWEY MITCHELL – DIRECTOR, PRUDENTIAL TROPICAL, 9108 US 19 N., PORT RICHEY, FL
34668 (Volunteer)

SAMMIE COPELAND - EXECUTIVE OFFICER, 5409 SUNSET RD., NEW PORT RICHEY, FL 34652
(Paid Staff)