

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 23 AM 9:09

DOCUMENT # 760207 (1)

1. Corporation Name

S.N.P.J. LODGE #778 ATHLETIC & SOCIAL CLUB INC.

Principal Place of Business

Mailing Address

13383 COUNTY LINE ROAD
BROOKSVILLE FL 34609
US

P.O. BOX 5852
SPRING HILL FL 34606
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1981

3a. Date of Last Report

01/20/1994

4. FEI Number

36-3306798

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LATIN, GEORGE F.
7505 HOLIDAY DR.
SPRING HILL FL 34606

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME HARFMAN, WALTER
STREET ADDRESS 185 GARLAND CIRCLE
CITY-ST-ZIP PALM HARBOR FL

TITLE D
NAME GLAVAN, JOSEPH
STREET ADDRESS 4378 BISCAYNE DRIVE
CITY-ST-ZIP SPRING HILL FL

TITLE TD
NAME LATIN, GEORGE F.
STREET ADDRESS 7505 HOLIDAY DR.
CITY-ST-ZIP SPRING HILL FL

TITLE D
NAME GROSER, FRANK
STREET ADDRESS 7321 VIENNA LANE
CITY-ST-ZIP PORT RICHEY FL

TITLE D
NAME GLAVAN, JULIANE
STREET ADDRESS 0141 DORSET ROAD
CITY-ST-ZIP SPRING HILL FL

TITLE D
NAME BOUMA, FRANK
STREET ADDRESS 0508 MAYHILL COURT
CITY-ST-ZIP SPRING HILL FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

LUZAR, FRANK
8508 HUNTSMAN LANE
PORT RICHEY FL 34668

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 liquidator 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 my address.

SIGNATURE: *George F. Latin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

1-17-95 904-683-1739
Date Expiration Date