

2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2005 OCT 27 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N03080
1. Entity Name
FLORIDA CENTRAL WEST COAST CHAPTER OF ICC &
BOAF INC.



Principal Place of Business
CITY OF PINELLAS PARK
P.O. BOX 1100
PINELLAS PARK, FL 33780 US

Mailing Address
2041 OVERVIEW DR
NEW PORT RICHEY, FL 34655 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

10252005 REIN-NP CR2E099 (6/04)

4. FEI Number
65-0204765

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOORE, TIMOTHY J
2041 OVERVIEW DR
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
After January 1, 2006, Fee will be \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	PD DI PASQUA, JOSEPH 324 E PINE ST. TARPON SPRINGS, FL 34689 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MURPHY, PATRICK 6051 78TH AVE N PINELLAS PARK, FL 33781 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	500060966685 10/27/05--01028--003 ***61.25 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MOORE, TIMOTHY J 2041 OVERVIEW DR NEW PORT RICHEY, FL 34655 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD FORD, DAVID PO BOX 1110 TAMPA, FL 33601 ☐ 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
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 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: TIMOTHY J. MOORE 10/20/05 727-247-8002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

10/31/05