2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 07, 2007 08:00 A
Secretary of State

DOCUMENT # N03080

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

Principal Place of Business	Mailing Address
CITY OF PINELLAS PARK P.O. BOX 1100 PINELLAS PARK, FL 33780 US	2041 OVERVIEW DR NEW PORT RICHEY, FL 34655 US

08312007 No Chg-NP CR2E037 (4/06)

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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

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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 _____ TIMOTHY J. MOORE 8/30/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DI PASQUA, JOSEPH
STREET ADDRESS	324 E PINE ST.
CITY-ST-ZIP	TARPON SPRINGS, FL 34689
TITLE	VD
NAME	MURPHY, PATRICK
STREET ADDRESS	6051 78TH AVE N
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	TD
NAME	MOORE, TIMOTHY J
STREET ADDRESS	2041 OVERVIEW DR
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	SD
NAME	TIPTON, JACK
STREET ADDRESS	310 COURT ST
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/07/07-80003-013 61.25

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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: _____ TIMOTHY J. MOORE 8/30/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #