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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14029

1. Corporation Name

NEW PORT RICHEY COMMUNITY COOPERATIVE, INC.

Principal Place of Business

**5919 MAIN ST.
NEW PORT RICHEY FL 34652
US**

Mailing Address

**P.O. BOX 622
NEW PORT RICHEY FL 34656-0622
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

03/26/1986

4. FEI Number

59-2684075

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

9. Name and Address of Current Registered Agent

**POTTER, MATTHEW A CPA
5940 MAIN ST
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **CRESON, BOB**
STREET ADDRESS **7908 BARCLAY**
CITY-ST-ZIP **NEW PT RICHEY FL 34654**

TITLE **D** ☐ DELETE
NAME **HERIG, JOHN**
STREET ADDRESS **5731 MAIN STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **DP** ☒ DELETE
NAME **SPRIGGS, DAVID**
STREET ADDRESS **6228 GRAND BLD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ DELETE
NAME **FREY, BRUCE**
STREET ADDRESS **6216 GRAND BLVD**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☐ DELETE
NAME **STARKEY, JOHN**
STREET ADDRESS **5337 MAIN STREET**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **D** ☒ DELETE
NAME **KELLER, JOE**
STREET ADDRESS **9108 US 19, 1ST FLOOR**
CITY-ST-ZIP **PORT RICHEY FL 34668**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☒ Addition
1.2 NAME **Matthew A. Potter**
1.3 STREET ADDRESS **5940 MAIN ST**
1.4 CITY-ST-ZIP **New Port Richey FL 34652**

2.1 TITLE **DT** ☐ Change ☒ Addition
2.2 NAME **Jim smetzer**
2.3 STREET ADDRESS **5405 MAIN ST**
2.4 CITY-ST-ZIP **New Port Richey FL 34652**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **Edwin Hamcock**
3.3 STREET ADDRESS **6642 US Hwy 19**
3.4 CITY-ST-ZIP **New Port Richey FL 34652**

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

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:

SIGNATURE REQUIRED

3-2-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)