FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42178 (6)

1. Corporation Name
AFRO-AMERICAN CLUB OF WEST PASCO COUNTY INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
10803 HALE ST P.O. BOX 45 PORT RICHEY FL 34673	10803 HALE ST P.O. BOX 45 PORT RICHEY FL 34673

3. Date Incorporated or Qualified: 02/21/1991
3a. Date of Last Report: 04/29/1994
4. FEI Number: NOT APPLICABLE — ☐ 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 ☑ — $88.75 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SCOTT, EUGENE
10803 HALE ST
PORT RICHEY FL 34668

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 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 _____ 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	D	1.1 TITLE	D	☐ Change ☑ Addition
NAME	LIGHT, JEFF	1.2 NAME	MILDRED CAVE	
STREET ADDRESS	7034 EMBASY BLVD	1.3 STREET ADDRESS	2427 WAIN WRIGHT CT	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	NEWPORT RICHEY FL 34655	
TITLE	~~D~~	2.1 TITLE	D	☐ Change ☑ Addition
NAME	~~WHEATON, CHARLES L~~ VOID	2.2 NAME	JAMES SCOTT	
STREET ADDRESS	~~8520 TOWANDA LN~~	2.3 STREET ADDRESS	8144 OAKLEAF AVENUE	
CITY-ST-ZIP	~~PORT RICHEY FL~~	2.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	3.1 TITLE	D	☐ Change ☑ Addition
NAME	SCOTT, LORENE	3.2 NAME	LYNETTE YOUNG	
STREET ADDRESS	8144 OAKLEAFE AVE	3.3 STREET ADDRESS	9147 RICHWOOD LANE	
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	4.1 TITLE	D	☐ Change ☑ Addition
NAME	BROKENBOUGH, ARMANDA	4.2 NAME	TAMMI LIGHT	
STREET ADDRESS	7628 LIMINGTON DR	4.3 STREET ADDRESS	7034 EMBASSY BLVD	
CITY-ST-ZIP	PORT RICHEY FL	4.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME	POOLE, JOHN	5.2 NAME	LAURA BURCH	
STREET ADDRESS	7628 LIMINGTON DR	5.3 STREET ADDRESS	6241 PINE HILL RD	
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		6.1 TITLE	S	☐ Change ☑ Addition
NAME		6.2 NAME	LAURA LINDOW	
STREET ADDRESS		6.3 STREET ADDRESS	8144 OAKLEAF AVE	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	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 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.

SIGNATURE: JEFF LIGHT 4-21-95 813 841 7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087964