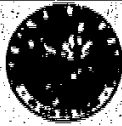


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
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

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. 100.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☒ Addition
NAME	LIGHT, JEFF	1.2 NAME	MILDRED CAVE
STREET ADDRESS	7034 EMBASSY BLVD	1.3 STREET ADDRESS	2927 WAIN WRIGHT CT
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	Newport Richey FL 34655
TITLE	D	2.1 TITLE	☐ Change ☒ Addition
NAME	WHEATON, CHARLES E	2.2 NAME	JAMES SCOTT
STREET ADDRESS	6520 TOWANDA LN	2.3 STREET ADDRESS	9144 OAKLEAF AVENUE
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP	Port Richey FL 34668
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	SCOTT, LORENE	3.2 NAME	LWETTE Young
STREET ADDRESS	8144 OAKLEAF AVE	3.3 STREET ADDRESS	9147 RECHWOOD Lane
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	Port Richey FL
TITLE	D	4.1 TITLE	☐ Change ☒ Addition
NAME	BROKENBOUGH, ARMANDA	4.2 NAME	TAMME LIGHT
STREET ADDRESS	7828 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	☐ Change ☒ Addition
NAME	POOLE, JOHN	5.2 NAME	Laura Burch
STREET ADDRESS	7828 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	☐ Change ☒ Addition
NAME		6.2 NAME	Laura C. Leno
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 110.07(1)(b), 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 person or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

JEFF LIGHT

**9138417984
4-21-95**