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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N42178 (6)

1. Corporation Name

AFRO-AMERICAN CLUB OF WEST PASCO COUNTY INC.

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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	10. Name and Address of New Registered Agent
SCOTT, EUGENE 10803 HALE ST PORT RICHEY FL 34668	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 ____________________ 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	DS	☐ DELETE	1.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME	CLEMON, LAVERNE		1.2 NAME	JEFF LIGHT
STREET ADDRESS	8144 OAKLEAF AVENUE		1.3 STREET ADDRESS	7034 EMBASSY Blvd
CITY-ST-ZIP	PORT RICHEY FL		1.4 CITY-ST-ZIP	Port Richey FL 34668
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, JAMES		2.2 NAME	
STREET ADDRESS	8144 OAKLEAF AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, LORENE		3.2 NAME	
STREET ADDRESS	8144 OAKLEAFE AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, JOLHN		4.2 NAME	
STREET ADDRESS	15602 HAYES ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WALSH, CECILIA		5.2 NAME	
STREET ADDRESS	10803 HALE STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCOTT, EUGENE		6.2 NAME	
STREET ADDRESS	10803 HALE ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	PT RICHEY FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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.

SIGNATURE: [illegible] 4/24/98 8138417484