

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90188 005 ****70.00

DOCUMENT # N42178

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



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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



\$5.00 May Be
Added to Fees

Trust Fund Contribution

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
LIGHT, JEFF
7034 EMBASSY BLVD
PORT RICHEY FL 34668

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, JAMES
8144 OAKLEAF AVENUE
PORT RICHEY FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SCOTT, LORENE
8144 OAKLEAF AVE
PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

D ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SMITH, JOLHN
15602 HAYES ROAD
SPRING HILL FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

D ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WALSH, CECILIA
10803 HALE STREET
PORT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

P ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SCOTT, EUGENE
10803 HALE ST
PT RICHEY FL

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0071812