20[illegible]4 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # N42178

1. Entity 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

DO NOT WRITE IN THIS SPACE

07282004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SCOTT, EUGENE
10803 HALE ST
PORT RICHEY, FL 34668

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	LIGHT, JEFF
STREET ADDRESS	7034 EMBASSY BLVD
CITY-ST-ZIP	PORT RICHEY, FL 34668
TITLE	D
NAME	SCOTT, JAMES
STREET ADDRESS	8144 OAKLEAF AVENUE
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	D
NAME	SCOTT, LORENE
STREET ADDRESS	8144 OAKLEAFE AVE
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	D
NAME	SMITH, JOLHN
STREET ADDRESS	15602 HAYES ROAD
CITY-ST-ZIP	SPRING HILL, FL
TITLE	D
NAME	WALSH, CECILIA
STREET ADDRESS	10803 HALE STREET
CITY-ST-ZIP	PORT RICHEY, FL
TITLE	P
NAME	SCOTT, EUGENE
STREET ADDRESS	10803 HALE ST
CITY-ST-ZIP	PT RICHEY, FL

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08/02/04-80015-009 61.25

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Eugene Scott EUGENE SCOTT 7/29/04 8691367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #