2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2005 8:00 am
Secretary of State
08-23-2005 90012 012 ****61.25

DOCUMENT # N42178

1. Entity Name
AFRICAN 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

JJJb4JJJ

07162005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
P.O. Box 45	6105 Pine Hill Road
Suite, Apt. #, etc. 6105 Pine Hill Road	Suite, Apt. #, etc.
City & State Port Richey, FL	City & State Port Richey, FL
Zip / Country 34673 / Pasco	Zip / Country 34673 / Pasco

4. FEI Number
59-3046591
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCOTT, EUGENE 10803 HALE ST PORT RICHEY, FL 34668	Name: Wright, Sandra L. Street Address (P.O. Box Number is Not Acceptable): 6105 ~~P&x~~ Pine Hill Road P.O. Box 45 City: Port Richey **FL** Zip Code: 34673

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: Sandra L. Wright President DATE: 8/19/05
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 7, 2005

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LIGHT, JEFF 7034 EMBASSY BLVD PORT RICHEY, FL 34668	☒ Delete	P Wright, Sandra P.O. Box 45 Port Richey, FL 34673	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, JAMES 8144 OAKLEAF AVENUE PORT RICHEY, FL	☒ Delete	VP Scott, Eugene P.O. Box 45 Port Richey, FL 34673	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCOTT, LORENE 8144 OAKLEAFE AVE PORT RICHEY, FL	☒ Delete	T Young, Dunbar P.O. Box 45 Port Richey, FL 34673	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SMITH, JOLHN 15602 HAYES ROAD SPRING HILL, FL	☒ Delete	S Scott, Lorene P.O. Box 45 Port Richey, FL 34673	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALSH, CECILIA 10803 HALE STREET PORT RICHEY, FL	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SCOTT, EUGENE 10803 HALE ST PT RICHEY, FL	☒ Delete		☐ Change ☐ Addition

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: Sandra L. Wright, President 8/19/05 727-868-1838
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (OFFICER OR DIRECTOR) Date Daytime Phone #