2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 28 PM 2:43

DOCUMENT # N42178

1. Entity Name
AFRICAN AMERICAN CLUB OF WEST PASCO COUNTY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 45 6105 PINE HILL ROAD PORT RICHEY, FL 34673	6105 PINE HILL ROAD PORT RICHEY, FL 34673

09202006 REIN-NP CR2E099 (11/05)

2. Principal Place of Business	3. Mailing Address
Same	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
WRIGHT, SANDRA L 6105 PINE HILL ROAD P.O. BOX 45 PORT RICHEY, FL 34673	Name: Same Street Address (P.O. Box Number is Not Acceptable): City: **FL** Zip Code:

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

FILE NOW!!! FEE IS $61.25
After January 1, 2007, Fee will be $122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	P WRIGHT, SANDRAX P.O. BOX 45 PORT RICHEY, FL 34673	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Wright, Sandra (no X)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SCOTT, EUGENE P.O. BOX 45 PORT RICHEY, FL 34673	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400080232164 09/27/06--01059--004 **61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T YOUNG, DUNBAR P.O. BOX 45 PORT RICHEY, FL 34673	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition Carozza, Adam (same address)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SCOTT, LORENE P.O. BOX 45 PORT RICHEY, FL 34673	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 9/20/06 727-868-1838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #