2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N42178

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

FILED
07 OCT -1 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

09082007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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

WRIGHT, SANDRA L
6105 PINE HILL ROAD
P.O. BOX 45
PORT RICHEY, FL 34673

7. Name and Address of New Registered Agent

Name EUGENE SCOTT
Street Address (P.O. Box Number is Not Acceptable)
6105 PINE HILL RD
City PORT RICHEY FL Zip Code 34668

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] 9/8/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 14, 2007

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	P WRIGHT, SANDRAX P.O. BOX 45 PORT RICHEY, FL 34673	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 700110274557 10/04/07--01040--010 **61.25
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 $10/3
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CAROZZA, ADAM 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	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: [signature] EUGENE SCOTT 9/8/07 727 8691367
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #