## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N42178

FILED Sep 11, 2008 Secretary of State

Entity Name: AFRICAN AMERICAN CLUB OF WEST PASCO COUNTY, INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 45 6105 PINE HILL ROAD 6105 PINE HILL ROAD PORT RICHEY, FL 34668 PORT RICHEY, FL 34673 **New Mailing Address: Current Mailing Address:** 6105 PINE HILL ROAD 6105 PINE HILL ROAD PORT RICHEY, FL 34673 PORT RICHEY, FL 34668 FEI Number: 59-3046591 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCOTT, EUGENE 6105 PINE HILL ROAD PORT RICHEY, FL 34668 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete () Change () Addition SCOTT, EUGENE Name: Name: Address: P.O. BOX 45 Address: City-St-Zip: PORT RICHEY, FL 34673 City-St-Zip: Title: Title: ( ) Delete (X) Change ( ) Addition Name: CAROZZA, ADAM Name: CAROZZA, ADAM Address: P.O. BOX 45 Address: P.O BOX 45 City-St-Zip: PORT RICHEY, FL 34673 City-St-Zip: PORT RICHEY, FL 34673 Title: () Delete Title: (X) Change ( ) Addition SCOTT, LORENE Name: SCOTT, LORENE Name: Address: P.O. BOX 45 Address: P O BOX 45 City-St-Zip: PORT RICHEY, FL 34673 City-St-Zip: PORT RICHEY, FL 34673

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE SCOTT VP 09/11/2008