# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 15, 2009**
**Secretary of State**

DOCUMENT# N42178

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

**Current Principal Place of Business:**

6105 PINE HILL ROAD
PORT RICHEY, FL 34668

**New Principal Place of Business:**

**Current Mailing Address:**

6105 PINE HILL ROAD
PORT RICHEY, FL 34668

**New Mailing Address:**

**FEI Number: 59-3046591** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCOTT, EUGENE
6105 PINE HILL ROAD
PORT RICHEY, FL 34668 US

**Name and Address of New Registered Agent:**

SMITH, WINIFRED B SECT.
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: WINIFRED B SMITH 04/15/2009
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete
Name: SCOTT, EUGENE
Address: P.O. BOX 45
City-St-Zip: PORT RICHEY, FL 34673

Title: T ( ) Delete
Name: CAROZZA, ADAM
Address: P.O BOX 45
City-St-Zip: PORT RICHEY, FL 34673

Title: S ( ) Delete
Name: SCOTT, LORENE
Address: P.O BOX 45
City-St-Zip: PORT RICHEY, FL 34673

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition
Name: DELGARDO, ALICE
Address: P.O. BOX 45
City-St-Zip: PORT RICHEY, FL 34673 US

Title: V.P. (X) Change ( ) Addition
Name: FIELDS, ANDRE
Address: P.O BOX 45
City-St-Zip: PORT RICHEY, FL 34673 US

Title: SECT (X) Change ( ) Addition
Name: SMITH, WINIFRED B
Address: P.O BOX 45
City-St-Zip: PORT RICHEY, FL 34673 US

Title: T ( ) Change (X) Addition
Name: SACHS, DORETHIAS
Address: P.O.BOX 45
City-St-Zip: PORT RICHEY, FL 34673 US

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: WINIFRED B SMITH SECT 04/15/2009
Electronic Signature of Signing Officer or Director Date