## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

## **DOCUMENT # N42178**

Entity Name

Principal Place of Rusiness

## AFRO-AMERICAN CLUB OF WEST PASCO COUNTY INC.



FILED Feb 21, 2003 8:00 am Secretary of State

02-21-2003 90198 037 \*\*\*\*61.25

0803 HALE ST O. BOX 45 ORT RICHEY FL 34673  2. Principal Place of Business		10803 HALE ST P.O. BOX 45 PORT RICHEY FL 34673										
		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES						
City & State		City & State			1	4. FEI Number NOT APPLICABLE Applied For Not Applicable						
Zip Country		Zip		Country		5. Certificate of Status Desired See Required Fee Required						
	6. Name and Address of Current	Registered Agent	registered Agent			7. Name and Address of New Registered Agent						
	o. Hallo allo Adoloso oi odiloni		Name									
SCOTT, E				Street Add	ress (P.C	s (P.O. Box Number is Not Acceptable)						
	named entity submits this statement for			City	,			FL	Zip Code			
SIGNATURE .	Signature, typed or printed name of registered agent	t and title if applicable. (NOT		od Agent signature		en reinstating)  5.00 May Be	Make	DATE  Check		 to		
<b>X</b> 1	<u> </u>	Trust Fund			J Á	dded to Fees		Departn		-		
10.	OFFICERS AND DI	Delete	11. TITL		AU	DITIONS/CHANG	ES TO OFFICERS		CTORS IN	Addition	3	
OTLE NAME STREET ADDRESS CITY-ST-ZIP	LIGHT, JEFF 7034 EMBASSY BLVD PORT RICHEY FL 34668	☐ Delete	NAM STR					·	_ Onlingo		F037 (10/0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, JAMES 8144 OAKLEAF AVENUE PORT RICHEY FL	☐ Delate		1				[	Change	☐ Addition	CR2I	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCOTT, LORENE 8144 OAKLEAFE AVE PORT RICHEY FL	□ Delete	NAM STR	E - = - ME EET ADDRESS ('-ST-ZIP				[	Change	~- [□] Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, JOLHN 15602 HAYES ROAD SPRING HILL FL	☐ Delete		i i				[	Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSH, CECILIA 10803 HALE STREET PORT RICHEY FL	☐ Delete						[	Change	Addition		
NAME STREET ADDRESS	P SCOTT, EUGENE 10803 HALE ST	☐ Delete						į	Change	Addition		

12. I hereby certify that the information supplied with this filling 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: EVERNETISES TEQUEREDA PRES

2/18/03 8691367