

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733094

FILED
Jan 14, 2020
Secretary of State
3928458493CC

Entity Name: WEST PASCO BOARD OF REALTORS, INC.

Current Principal Place of Business:

5409 SUNSET ROAD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5409 SUNSET ROAD
NEW PORT RICHEY, FL 34652

FEI Number: 59-1650514

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MISEMER, KEN
5645 NEBRASKA AVE
NEW PORT RICHEY, FL 34652 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

Officer/Director Detail :

Title CEO
Name COPELAND, SAMMIE
Address 5409 SUNSET RD
City-State-Zip: NEW PORT RICHEY FL 34652

Title PRESIDENT ELECT
Name BARRETT, SCOTT
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name ELDERT, TANYA
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title PAST PRESIDENT
Name LONGSPAUGH, DAVID
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name LABBANCZ, WILLIAM
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title PRESIDENT
Name GALLO, MIKE
Address 5409 SUNSET RD.
City-State-Zip: NEW PORT RICHEY FL

Title SECRETARY
Name TAYLOR, ALICE
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title TREASURER
Name BUNDY, MIKE
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

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I hereby 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 all other like empowered.

SIGNATURE: SAMMIE COPELAND

CEO

01/14/2020

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title DIRECTOR
Name WALLACE, JIM
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name KINNARD, CAROL
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name MORGAN, RYAN
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR
Name LUCCO, CONNIE
Address 5409 SUNSET ROAD
City-State-Zip: NEW PORT RICHEY FL 34652