

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42178

Entity Name: AFRICAN AMERICAN CLUB OF PASCO COUNTY INC.**Current Principal Place of Business:**6105 PINE HILL ROAD
PORT RICHEY, FL 34668**Current Mailing Address:**P.O. BOX 45
PORT RICHEY, FL 34673 US**FEI Number:** 59-3046591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LIVINGSTON, EPHRAIM
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:** EPHRAIM LIVINGSTON

08/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name LIVINGSTON, EPHRAIM
Address 6105 PINE HILL RD
City-State-Zip: PORT RICHEY FL 34668

Title SECRETARY
Name DISABATO, SHARYN
Address 6105 PINE HILL RD
City-State-Zip: PORT RICHEY FL 34668

Title TRUSTEE
Name SCOTT, LARNELLE R
Address 6105 PINE HILL ROAD
City-State-Zip: PORT RICHEY FL 34668

Title TRUSTEE
Name WILLIAMS, OZZIE
Address 6105 PINE HILL ROAD
City-State-Zip: PORT RICHEY FL 34668

Title TRUSTEE
Name ADAMS, GEOFFREY
Address 6105 PINE HILL ROAD
City-State-Zip: PORT RICHEY FL 34668

Title ASSISTANT TREASURER
Name SCOTT, EUGENE
Address 6105 PINE HILL RD
City-State-Zip: PORT RICHEY FL 34668

Title TRUSTEE
Name HOWARD, LOUIS
Address 6105 PINE HILL RD
City-State-Zip: PORT RICHEY FL 34668

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: EUGENE SCOTT**ASSISTANT TREASURER** 08/07/2022

Electronic Signature of Signing Officer/Director Detail

Date