

2015 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. 45
PORT RICHEY, FL 34673 US**FEI Number:** 59-3046591**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**STEVENSON, DARRYLL SR.
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:** DARRYLL STEVENSON SR

09/18/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name STEVENSON, DARRYLL SR.
Address 6105 PINE HILL RD
City-State-Zip: PORT RICHEY FL 34668

Title VP
Name SCOTT, GENE
Address 6105 PINE HILL RD
City-State-Zip: PORT RICHEY FL 34668

Title CORRESPONDING SECRETARY
Name CALLAGHAN, DAN
Address 6105 PINE HILL RD
City-State-Zip: PORT RICHEY FL 34668

Title RECORDING SECRETARY
Name CALLAGHAN, ANNI
Address 6105 PINE HILL ROAD
City-State-Zip: PORT RICHEY FL 34668

Title TREASURER
Name GUY, ALEACIA
Address 6105 PINE HILL ROAD
City-State-Zip: PORT RICHEY FL 34668

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

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

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

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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: DARRYLL STEVENSON SR.

PRESIDENT

09/18/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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