

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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:

SCOTT, EUGENE
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: EUGENE SCOTT

10/08/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

Title ASSISTANT TREASURER
Name GARDNER, WANDA
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

Title TREASURER
Name SHULER, LEONA
Address 6105 PINE HILL RD
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: LARNELLE SCOTT

SECRETARY

10/08/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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