FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 19 AM 8:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 707904 (9)

1. Corporation Name
WEST PASCO CHAMBER OF COMMERCE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
5443 MAIN STREET NEW PORT RICHEY FL 34652	5443 MAIN STREET NEW PORT RICHEY FL 34652

3. Date Incorporated or Qualified: 09/30/1964
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-0609498 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LIBRANDI, JOE
5443 MAIN ST.
NEW PT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: WALLACE G. SAVAGE, JR., EX. DIRECTOR
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5443 MAIN STREET
84 City: New Port Richey FL 85 Zip Code: 34652

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 4/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☑ Change ☐ Addition
NAME	DEWEY, MITCHELL D	1.2 NAME	CHARLES R. GREY	
STREET ADDRESS	9108 US HWY 19	1.3 STREET ADDRESS	6328 HWY 19	
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP	New Port Richey, FL	
TITLE	VD	2.1 TITLE	VD	☑ Change ☐ Addition
NAME	LOWERY, THAD	2.2 NAME	WAYNE COULTER	
STREET ADDRESS	6900 OSTEEN RD	2.3 STREET ADDRESS	7920 HWY 19	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	PORT Richey	
TITLE	VD	3.1 TITLE	VD	☐ Change ☐ Addition
NAME	MORRIS, SALLY	3.2 NAME	THAD LOWREY	
STREET ADDRESS	7314 SR 52	3.3 STREET ADDRESS	6900 OSTEEN RD	
CITY-ST-ZIP	HUDSON FL	3.4 CITY-ST-ZIP	New Port Richey	
TITLE	SD	4.1 TITLE	SD	☑ Change ☐ Addition
NAME	RONK, GEORGIA	4.2 NAME	VICKIE CHANSLER	
STREET ADDRESS	7137 CONGRESS STREET	4.3 STREET ADDRESS	10555 MOON LAKE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	New Port Richey	
TITLE	TD	5.1 TITLE	TD	☐ Change ☐ Addition
NAME	SPICHER, CRAIG	5.2 NAME	CRAIG SPICHER	
STREET ADDRESS	10220 US HWY 19	5.3 STREET ADDRESS	10220 HWY 19	
CITY-ST-ZIP	PT RICHEY FL	5.4 CITY-ST-ZIP	PORT Richey	
TITLE	ED	6.1 TITLE	ED	☑ Change ☐ Addition
NAME	LIBRANDI, JOE	6.2 NAME	WALLACE G. SAVAGE, JR.	
STREET ADDRESS	5443 MAIN ST.	6.3 STREET ADDRESS	5443 MAIN STREET	
CITY-ST-ZIP	NEW PT RICHEY FL	6.4 CITY-ST-ZIP	New Port Richey	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/13/95 813-842-7651
SIGNATURE AND TYPED OR PRINTED NAME OF PRESIDING OFFICER OR DIRECTOR — Date — Daytime Phone #
WALLACE G. SAVAGE, JR. EX. DIRECTOR

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