FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

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-04/19/96--01019--032
***61.25

DOCUMENT # 707904 (9)

1. Corporation Name

WEST PASCO CHAMBER OF COMMERCE, INC.

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

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

3. Date Incorporated or Qualified: **09/30/1964**

3a. Date of Last Report: **04/19/1995**

4. FEI Number: **59-0609498** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SAVAGE, WALLACE G JR
5443 MAIN ST.
5443 MAIN STREET
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE
NAME	GREY, CHARLES R	
STREET ADDRESS	6328 HIGHWAY 19	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	☐ DELETE
NAME	COWLTER, WAYNE	
STREET ADDRESS	7920 HIGHWAY 19	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	VD	☐ DELETE
NAME	LOWREY, THAD	
STREET ADDRESS	6800 OSTEEN ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	SD	☐ DELETE
NAME	CHANSLER, VICKIE	
STREET ADDRESS	10555 MOON LAKE ROAD	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE	TD	☐ DELETE
NAME	SPICHER, CRAIG	
STREET ADDRESS	10220 HIGHWAY 19	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	ED	☐ DELETE
NAME	SAVAGE, WALLACE G J	
STREET ADDRESS	5443 MAIN STREET	
CITY-ST-ZIP	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	CD Richard Williams 6335 US Hwy 19 New Port Richey, FL 34652	☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Wayne Coulter 7920 Hwy 19 Port Richey, FL 34668	☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Vickie Chansler 10555 Moon Lake Road ~~New Port Richey, FL 34652~~	☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	VD Kurt Conover 21827 S.R. 54 Land O' Lakes, FL 34639	☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD Layne Cochran 4745 Grand Blvd. New Port Richey	☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	P Wallace G. Savage, Jr. 5443 Main St., New Port Richey	☐ Change ☐ Addition

CR2E037 (12/95)

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)(k), 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: Wallace G. Savage Jr. 4-15-96 813-842-7651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #