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Apr 29 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 34652-2502

3. Date Incorporated or Qualified
09/30/1964

3a. Date of Last Report
04/18/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

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

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME GREY, CHARLES R
STREET ADDRESS 6328 HIGHWAY 19
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE CD ☐ Change ☐ Addition
1.2 NAME Coulter, Wayne
1.3 STREET ADDRESS 7920 Hwy 19
1.4 CITY-ST-ZIP Port Richey, FL 34668 ☐ Change ☐ Addition

TITLE VD ☐ DELETE
NAME COWLTER, WAYNE
STREET ADDRESS 7920 HIGHWAY 19
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE VD ☐ Change ☐ Addition
2.2 NAME Tom Castriota
2.3 STREET ADDRESS 12930 Hwy 19
2.4 CITY-ST-ZIP Hudson, FL 34667

TITLE VD ☐ DELETE
NAME LOWREY, THAD
STREET ADDRESS 6800 OSTEEN ROAD
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE VD ☐ Change ☐ Addition
3.2 NAME Kurt Conover
3.3 STREET ADDRESS 14000 Fivay Road, Suite 360
3.4 CITY-ST-ZIP Hudson, FL 34667

TITLE SD ☐ DELETE
NAME CHANSLER, VICKIE
STREET ADDRESS 10555 MOON LAKE ROAD
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE SD ☐ Change ☐ Addition
4.2 NAME Judy Carollo
4.3 STREET ADDRESS 1424 Seven Springs Blvd.
4.4 CITY-ST-ZIP New Port Richey, FL 34655

TITLE TD ☐ DELETE
NAME SPICHER, CRAIG
STREET ADDRESS 10220 HIGHWAY 19
CITY-ST-ZIP PORT RICHEY FL

5.1 TITLE TD ☐ Change ☐ Addition
5.2 NAME Layne Cochran
5.3 STREET ADDRESS 4725 Grand Blvd.
5.4 CITY-ST-ZIP New Port Richey, FL 34652

TITLE ED ☐ DELETE
NAME SAVAGE, WALLACE G J
STREET ADDRESS 5443 MAIN STREET
CITY-ST-ZIP NEW PORT RICHEY FL

6.1 TITLE P ☐ Change ☐ Addition
6.2 NAME Savage, Wallace G
6.3 STREET ADDRESS 5443 Main Street
6.4 CITY-ST-ZIP New Port Richey, FL 34652

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 199.07(3)(i), Florida Statutes. Further, I 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.

CR2E037 (9/96)