

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90205 013 ****61.25

DOCUMENT # 707904

1. Corporation Name

WEST PASCO CHAMBER OF COMMERCE, INC.

Principal Place of Business

5443 MAIN STREET
NEW PORT RICHEY FL 34652
US

Mailing Address

5443 MAIN STREET
NEW PORT RICHEY FL 34652



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/30/1964

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

9. Name and Address of Current Registered Agent

ALPINE, JOSEPH
5443 MAIN ST.
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VD ☐ DELETE
NAME RAVENNA, JUDY
STREET ADDRESS 14000 FIVAY RD
CITY-ST-ZIP HUDSON FL 34667

TITLE VD ☐ DELETE
NAME MEMOLI, BOB
STREET ADDRESS 1247-D SEVEN SPRINGS BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE CD ☒ DELETE
NAME CONOVER, KURT
STREET ADDRESS 14000 FIVAY RD., STE. 360
CITY-ST-ZIP HUDSON FL 34667

TITLE SD ☒ DELETE
NAME PARKER, JUDY
STREET ADDRESS 5432 MAIN ST
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE TD ☒ DELETE
NAME COCHRAN, LAYNE
STREET ADDRESS 2316 OVERVIEW DR
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE P ☐ DELETE
NAME ALPINE, JOSEPH
STREET ADDRESS 5443 MAIN ST
CITY-ST-ZIP NEW PORT RICHEY FL 34652

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VD ☒ Change ☐ Addition
1.2 NAME RAVENNA, JUDY
1.3 STREET ADDRESS 1427 SEVEN SPRINGS BLVD
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

2.1 TITLE CD ☒ Change ☐ Addition
2.2 NAME MEMOLI, BOB
2.3 STREET ADDRESS 1247-D SEVEN SPRINGS BLVD
2.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

3.1 TITLE VD ☐ Change ☒ Addition
3.2 NAME MARTIN, KENNETH, D.D.S.
3.3 STREET ADDRESS 2332 HWY 19
3.4 CITY-ST-ZIP HOLIDAY FL 34691

4.1 TITLE SD ☐ Change ☒ Addition
4.2 NAME BABINETZ, PAT
4.3 STREET ADDRESS 7833 LEO KIDD AVE
4.4 CITY-ST-ZIP PORT RICHEY FL 34668

5.1 TITLE TD ☐ Change ☒ Addition
5.2 NAME BALKCOM, RICH
5.3 STREET ADDRESS 8726 S.R. 54
5.4 CITY-ST-ZIP NEW PORT RICHEY FL 34653

6.1 TITLE P ☐ Change ☐ Addition
6.2 NAME ALPINE, JOSEPH
6.3 STREET ADDRESS 5443 MAIN ST
6.4 CITY-ST-ZIP NEW PORT RICHEY FL 34652

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

727-842-7651

Date

Daytime Phone #

CR2E037 (1/98)