

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707904

FILED  
Jan 12, 2012  
Secretary of State

**Entity Name:** WEST PASCO CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

5443 MAIN STREET  
NEW PORT RICHEY, FL 34652 US

**New Principal Place of Business:**

**Current Mailing Address:**

5443 MAIN STREET  
NEW PORT RICHEY, FL 34652 US

**New Mailing Address:**

5443 MAIN STREET  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-0609498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALPINE, JOSEPH  
5443 MAIN ST.  
NEW PORT RICHEY, FL 34652 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CD  
**Name:** DUNNING, CHRIS  
**Address:** 1410 SWEETBRIAR DRIVE  
**City-St-Zip:** HOLIDAY, FL 34691 US

**Title:** 1VC  
**Name:** MICK, JAMIE  
**Address:** 9108 U.S. HIGHWAY 19  
**City-St-Zip:** PORT RICHEY, FL 34668 US

**Title:** TD  
**Name:** SCHALLES, LARRY  
**Address:** 5320 MAIN STREET  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** SD  
**Name:** FRIEDLANDER, PAUL  
**Address:** P.O. BOX6215  
**City-St-Zip:** PALM HARBOR, FL 34684 US

**Title:** 2VD  
**Name:** MILLS, BRUCE  
**Address:** 10010 BURBANK COURT  
**City-St-Zip:** NEW PORT RICHEY, FL 34653 US

**Title:** P  
**Name:** ALPINE, JOSEPH  
**Address:** 5443 MAIN STREET  
**City-St-Zip:** NEW PORT RICHEY, FL 34652

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:** JOSEPH ALPINE

PRES

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date