2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# 710442

Entity Name: THE WEST PASCO BAR ASSOCIATION , INC.

Current Principal Place of Business:

10816 US 19 N
SUITE 110
PORT RICHEY, FL 34668

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1955
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

FEI Number: 59-2290872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVE, RANDALL J
10816 US 19 N
SUITE 110
PORT RICHEY, FL 34668 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:	PED	( ) Delete
Name:	SKIPPER, SALLIE	
Address:	5663 MAIN STREET	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	PD	( ) Delete
Name:	LOVE, RANDALL J	
Address:	10816 US 19 N., SUITE 110	
City-St-Zip:	PORT RICHEY, FL 34668	
Title:	VD	( ) Delete
Name:	BEAM, MICHAEL E	
Address:	6113 GRAND BLVD	
City-St-Zip:	NEW PORT RICHEY, FL 34652	
Title:	TSD	( ) Delete
Name:	O'CONNOR, TARA M	
Address:	9743 US 19	
City-St-Zip:	PORT RICHEY, FL 34668	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SALLIE SKIPPER PED 02/06/2008

Electronic Signature of Signing Officer or Director — Date