


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 23 1998 8:00am⁸
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728045** (6)

1. Corporation Name

WEST PASCO AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1456
ELFERS FL 34680

P.O. BOX 1456
ELFERS FL 34680

3. Date Incorporated or Qualified

11/18/1973

4. FEI Number

59-6591636

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FARRIS, CATHERINE C
10932 BELMONT DR.
NEW PORT RICHEY FL 34654

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 **FARRIS CATHERINE C**

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	DT	<input checked="" type="checkbox"/> DELETE
NAME	FORREST, KENNETH	
STREET ADDRESS	12410 PARCHMENT DR	
CITY-ST-ZIP	BAYONET POINT FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	CONDON, AGNES	
STREET ADDRESS	3644 GALWAY DR	
CITY-ST-ZIP	NEW PT RICHEY FL	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	FARRIS, KITTY	
STREET ADDRESS	10932 BELMONT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	URGO, FRANCES	
STREET ADDRESS	3503 MARGATE DR.	
CITY-ST-ZIP	HOLIDAY FL	

TITLE	DVP	<input type="checkbox"/> DELETE
NAME	MOORE, IMOGENE	
STREET ADDRESS	7022 OELSNER	
CITY-ST-ZIP	NEW PT RICHEY FL	

TITLE	FT	<input type="checkbox"/> DELETE
NAME	RAPP, LORRAINE	
STREET ADDRESS	4217 HAMPTON DR	
CITY-ST-ZIP	NEW PT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PINNA, TINA	
1.3 STREET ADDRESS	3536 KIMBERLY OAKS DRIVE	
1.4 CITY-ST-ZIP	HOLIDAY, FLA 34691	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances Urgo

7-15-97 813-845-6316

Date

Daytime Phone #

CR2E037 (5/98)