

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90013 020 ****61.25

DOCUMENT # 728213

1. Entity Name

GRIFFIN PARK COMMUNITY CLUB, INC.



Principal Place of Business

9100 FLINT ST.
NEW PORT RICHEY FL 34654
US

Mailing Address

9100 FLINT ST.
NEW PORT RICHEY FL 34654
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1890269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERS, WM.
11341 SAGE AVE.
NEW PORT RICHEY FL 34654

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Delete
NAME SANDERS, WM.
STREET ADDRESS 11341 SAGE AVE.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
NAME MCDONALD, GENE
STREET ADDRESS 9044 KOSIMO ST
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
NAME HUGHES, ROBERT
STREET ADDRESS 9130 KOSIMO ST.
CITY-ST-ZIP NEW PORT RICHEY FL 33654

TITLE NAME ☒ Change ☐ Addition
NAME DON SHAPTON
STREET ADDRESS 9046 BOYARSON ST.
CITY-ST-ZIP NEW PORT RICHEY, FL. 34654

TITLE NAME ☐ Delete
NAME ADAMS, KENNETH
STREET ADDRESS 9404 CHEROKEE DR
CITY-ST-ZIP NEW PORT RICHEY FL 33654

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Delete
NAME HALL, JESSE
STREET ADDRESS 11401 ALTOONA ST.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE NAME ☒ Change ☐ Addition
NAME VP JOHN PETH
STREET ADDRESS 9411 CHEROKEE ST.
CITY-ST-ZIP NEW PORT RICHEY, FL. 34654

TITLE NAME ☐ Delete
NAME WILSON, HENRY
STREET ADDRESS 11510 TIPTON ST
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE NAME ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wm. Sanders Treas.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-2004 877862.8608
Date Daytime Phone #