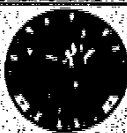


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Monrham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 728875 (6)
1. Corporation Name
**WEST PASCO MODEL PILOTS ASSOCIATION, INCORPORATE
D**

Principal Place of Business Mailing Address
**9908 ST. JOSEPH CT
NEW PORT RICHEY FL 34655
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/21/1974** 3a. Date of Last Report **04/13/1994**
4. FEI Number **59-1603184** 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**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip Country 29 Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WEIK, HENRY
MERRILL, RICHAD
257 WILWOOD CA
LUTZ FL 33549**

81 Name **WEIK, HENRY**
82 Street Address (P.O. Box Number is Not Acceptable)
9908 ST. JOSEPH CT
83
84 City **NEW PORT RICHEY** FL 85 Zip Code
34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **MERRILL, RICHARD**
STREET ADDRESS **1507 WILDWOOD LA**
CITY-ST-ZIP **LUTZ FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **ROBERT WALKINSHAW**
1.3 STREET ADDRESS **8511 YEARLING LN**
1.4 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE **VPD**
NAME **FLOW, PAUL**
STREET ADDRESS **10820 FAWN DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **FRANK SPOZATE**
2.3 STREET ADDRESS **8220 SULKY CT**
2.4 CITY-ST-ZIP **PORT RICHEY, FL. 34668**

TITLE **SD**
NAME **WALKINGSHAW, BUD**
STREET ADDRESS **8511 YEARLING LN**
CITY-ST-ZIP **NEW PORT RICHEY FL**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **FRANK LA ROSSA**
3.3 STREET ADDRESS **4936 FLEETWOOD ST.**
3.4 CITY-ST-ZIP **NEW PORT RICHEY, FL. 34653**

TITLE **TD**
NAME **WEIK, HENRY**
STREET ADDRESS **9908 ST. JOSEPH CT**
CITY-ST-ZIP **NEW PORT RICHEY FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Henry Weik **HENRY WEIK**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95
Date

813 372 8970
Anytime Here