FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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, INCORPORATED

DO NOT WRITE IN THIS SPACE

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

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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WEIK, HENRY
MERRILL, RICHAD
257 WILDWOOD CA
LUTZ FL 33549

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	MERRILL, RICHARD	1.2 NAME	ROBERT WALKINSHAW	
STREET ADDRESS	1507 WILDWOOD LA	1.3 STREET ADDRESS	8511 YEARLING LN	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34653	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	FLOW, PAUL	2.2 NAME	FRANK SPOZATE	
STREET ADDRESS	10820 FAWN DR.	2.3 STREET ADDRESS	8220 SULKY CT	
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	SD	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	WALKINGSHAW, BUD	3.2 NAME	FRANK LA ROSSA	
STREET ADDRESS	8511 YEARLING LN	3.3 STREET ADDRESS	4936 FLEETWOOD ST.	
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34653	
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	WEIK, HENRY	4.2 NAME		
STREET ADDRESS	9908 ST. JOSEPH CT	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Henry Weik HENRY WEIK 4/12/95 813 372 8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087870