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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **728875** **(6)**

1. Corporation Name

WEST PASCO MODEL PILOTS ASSOCIATION, INCORPORATED

Principal Place of Business	Mailing Address
9908 ST. JOESEPH CT NEW PORT RICHEY FL 34655 US	9908 ST. JOESEPH CT NEW PORT RICHEY FL 34655-1445 US

3. Date Incorporated or Qualified: **02/21/1974**
3a. Date of Last Report: **04/24/1996**

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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

9. Name and Address of Current Registered Agent

WEIK, HENRY
9908 ST. JOSEPH CT.
NEW PORT RICHEY FL 34655

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 _____ 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	SD	☒ DELETE	1.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	LA ROSSA, FRANK		1.2 NAME	GREG BAVENDER	
STREET ADDRESS	4936 FLEETWOOD ST		1.3 STREET ADDRESS	2900 LAKE SALON DR	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	LAND O'LAKES, FL. 34639	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPOZATE, FRANK		2.2 NAME		
STREET ADDRESS	8220 SULKY CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALKINGSHAW, BUD		3.2 NAME		
STREET ADDRESS	8511 YEARLING LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	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 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 PRES 2/10/97 813 372 8970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0066127

(96/6) CR2E037