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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 US

3. Date Incorporated or Qualified: 02/21/1974

4. FEI Number: 59-1603184 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (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? [redacted] ☒ 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

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	VPD	☒ DELETE	1.1 TITLE	V.P. ARTHUR PRASSE	☒ Change ☐ Addition
NAME	SPOZATE, FRANK		1.2 NAME		
STREET ADDRESS	6220 SULKY CT		1.3 STREET ADDRESS	6652 LENOIR DR	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	PORT RICHEY, FL. 34668	
TITLE	PD	☒ DELETE	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	WALKINGSHAW, BUD		2.2 NAME	ROBERT BAILEY	
STREET ADDRESS	8511 YEARLING LN		2.3 STREET ADDRESS	5523 MAGNOLIA WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL		2. 4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WEIK, HENRY		3.2 NAME		
STREET ADDRESS	9908 ST. JOSEPH CT		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. CITY-ST-ZIP		
TITLE	S	☒ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	BAVENDER, GREG		4. 2 NAME	JEREMY WATERS	
STREET ADDRESS	2900 LAKE SAZON DR		4.3 STREET ADDRESS	6511 RIVER RD	
CITY-ST-ZIP	LAND O'LAKES FL		4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL. 34652	
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		

CR2E037 (10/97)

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] 3/11/98 813 372 8970