

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 728875 1. Entity Name WEST PASCO MODEL PILOTS ASSOCIATION, INCORPORATED					
Principal Place of Business 9908 ST. JOSEPH CT NEW PORT RICHEY FL 34655 US			Mailing Address 9908 ST. JOSEPH CT NEW PORT RICHEY FL 34655 US		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1603184				☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent WEIK, HENRY 9908 ST. JOSEPH CT. NEW PORT RICHEY FL 34655			7. Name and Address of New Registered Agent 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 reissuing) DATE					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 STREET ADDRESS CITY- ST- ZIP	DP FLOOD, JOHN 7021 PIN CHERRY PORT RICHEY FL 34668	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000430161 02/22/06-80038-002 70.00 ☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WEIK, HENRY 9908 ST. JOSEPH CT NEW PORT RICHEY FL	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PUGH, RICHARD 5018 ENSIGN LOOP NEW PORT RICHEY FL 34652	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP KUMALEA, PHILLIP 7431 CARMEL AVE NEW PORT RICHEY FL 34655	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

HENRY WEIK