

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **735087** (9)
1. Corporation Name
COTEE RIVER LIONS CLUB, INC.

Principal Place of Business 8 8320 PLATHE ROAD NEW PORT RICHEY FL 34856-0773 US	Mailing Address P.O. BOX 773 NEW PORT RICHEY FL 34856-0773 US
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3. Date Incorporated or Qualified

03/02/1976

4. FEI Number

51-0195691

Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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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?
☐ Yes ☒ 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

10. Name and Address of New Registered Agent

**BALOGH, FRANK
14821 CASSANDRA DR.
ODESSA FL 33558**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	P CAGGIANO, JOSEPH
STREET ADDRESS	5708 LAGOON DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	S HUBER, KENNETH E.
STREET ADDRESS	11207 SALT TREE LANE
CITY-ST-ZIP	PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D WALKER, KENNETH
STREET ADDRESS	5403 REEF DRIVE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPD NEZBETH, MEY
STREET ADDRESS	8832 WATERMAN CT
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD MCNEILL, CHERYL
STREET ADDRESS	5604 ANTELOPE LANE
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	<input type="checkbox"/> DELETE
NAME	D BALOGH, FRANK
STREET ADDRESS	SR 54 RTE 3 BOX 1603
CITY-ST-ZIP	ODESSA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Charlie Phillips
1.3 STREET ADDRESS	1719 Cosmos Dr
1.4 CITY-ST-ZIP	Holiday, FL 34690
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S Shirley Elliott
2.3 STREET ADDRESS	9045 Pontiac St
2.4 CITY-ST-ZIP	New Port Richey FL 34654
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PPD Joseph Caggiano
3.3 STREET ADDRESS	5708 Lagoon Dr
3.4 CITY-ST-ZIP	New Port Richey FL 34653
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *Charles M. Phillips* **3-16-98** **813-786-6677**

CR2E037 (10/97)