

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90004 033 ****61.25

DOCUMENT # 735087

1. Entity Name
COTEE RIVER LIONS CLUB, INC.



Principal Place of Business
8
8320 PLATHE ROAD
NEW PORT RICHEY, FL 34656-0773 US

Mailing Address
P.O. BOX 773
NEW PORT RICHEY, FL 34656-0773 US

44046463



03222003 Chg-NP CR2E037 (10/03)

| | | | |
|---------------------------------------|---------|---------------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number
51-0195691

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| BALOGH, FRANK 14821 CASSANDRA DR. ODESSA, FL 33556 | | 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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

| | | |
|---|---|--|
| Filing Fee is \$61.25 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | P | <input checked="" type="checkbox"/> Delete | TITLE | PRESIDENT | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | PHILLIPS, CHARLES | | NAME | McFARLANE, LEONARD | | | |
| STREET ADDRESS | PO BOX 3148 | | STREET ADDRESS | 12200 LACEY DRIVE | | | |
| CITY - ST - ZIP | HOLIDAY, FL 34690 | | CITY - ST - ZIP | NEW PORT RICHEY FL 34654 | | | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | HUBER, KENNETH E | | NAME | | | | |
| STREET ADDRESS | 11538 LAKEVIEW DR | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34655 | | CITY - ST - ZIP | | | | |
| TITLE | VP | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | GEARHART, CATHERINE | | NAME | | | | |
| STREET ADDRESS | 5539 REDHAWK DR | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34655 | | CITY - ST - ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | CRANE, GILFORD | | NAME | | | | |
| STREET ADDRESS | 7423 FAIRWOOD AVE | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34653 | | CITY - ST - ZIP | | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | V.P. - TREASURER | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | MCNEILL, CHERYL | | NAME | | | | |
| STREET ADDRESS | 5604 ANTELOPE LANE | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34653 | | CITY - ST - ZIP | | | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | GAGGIANG, JOE | | NAME | | | | |
| STREET ADDRESS | 5708 LAGGON DR | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34653 | | CITY - ST - ZIP | | | | |

12. 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 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.

SIGNATURE: _____ **5/31/04** **(727) 846-0066**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #