SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $300)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -3 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742135** **(7)**

1. Corporation Name

NEW PORT RICHEY SHUFFLEBOARD AND TOURIST CLUB, I NC.

Principal Place of Business	Mailing Address
6145 GRAND BLVD. NW PT RICHEY FL 34652	6145 GRAND BLVD. NW PT RICHEY FL 34652

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1978
3a. Date of Last Report: 03/30/1994
4. Fei Number: 59-1811446 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 SAME AS Above	26 SAME AS ABOVE
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —
City & State 23 New Port Richey FL	City & State 28 New Port Richey, FL
Zip 24 34652 Country 25 W. PASCO	Zip 29 34652 Country 30 W. PASCO

9. Name and Address of Current Registered Agent

BAXTER, EVE
6007 13TH AVE EAST
NEW PT RICHEY FL 34653

10. Name and Address of New Registered Agent

81 Name: GILDERSLEEVE, ARLENE M.
82 Street Address (P.O. Box Number is Not Acceptable): 1332 CLASSIC DRIVE
83
84 City: HOLIDAY FL 85 Zip Code: 34691

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: Arlene M. Gildersleeve — ARLENE M. GILDERSLEEVE — 7/28/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	AMATO, PATRICK	12 NAME	
STREET ADDRESS	7849 WALLABA LANE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW PT RICHEY FL	14 CITY-ST-ZIP	
TITLE	VPD	21 TITLE	VPD ☒ Change ☐ Addition
NAME	GILDERSLEEVE, ARLENE	22 NAME	CLIFFORD MAC NEAL
STREET ADDRESS	1332 CLASSIC DR.	23 STREET ADDRESS	12409 SPANISH MOSS
CITY-ST-ZIP	HILIDAY FL	24 CITY-ST-ZIP	BAYONET POINT, FL 34667
TITLE	T	31 TITLE	T ☒ Change ☐ Addition
NAME	PAPPAS, HENRIETTA	32 NAME	ARLENE GILDERSLEEVE
STREET ADDRESS	9136 PROSPERITY LANE	33 STREET ADDRESS	1332 Classic DR
CITY-ST-ZIP	PORT RICHEY FL	34 CITY-ST-ZIP	HOLIDAY, FL 34691
TITLE	VPD	41 TITLE	☐ Change ☐ Addition
NAME	SAVONA, LEE	42 NAME	
STREET ADDRESS	3813 BEACON SQ DR.	43 STREET ADDRESS	
CITY-ST-ZIP	HOLIDAY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	DARLING, ELEANOR	52 NAME	ALBERT PENNEY
STREET ADDRESS	6738 HUCKLEBERRY DR.	53 STREET ADDRESS	8013 LANEING DR
CITY-ST-ZIP	NEW PT RICHEY FL	54 CITY-ST-ZIP	NEW PT RICHEY FL 34654
TITLE	S	61 TITLE	S ☒ Change ☐ Addition
NAME	BAXTER, EVE	62 NAME	PAULINE KASSUBA
STREET ADDRESS	6007 13TH AVE EAST	63 STREET ADDRESS	6703 Butch Ct.
CITY-ST-ZIP	NEW PT RICHEY FL	64 CITY-ST-ZIP	Port Richey, FL 34668

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Arlene M. Gildersleeve — 7/28/96 — 813-938-6684
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ARLENE M. GILDERSLEEVE

6018638