FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

DOCUMENT # **759998** **(8)**

1. Corporate Name

THE B.L.I.N.D. CLUB OF NEW PORT RICHEY, FLA., INC.

Principal Place of Business	Mailing Address
7719 VIENNA LN PORT RICHEY FL 34668 US	7719 VIENNA LANE PORT RICHEY FL 34668 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/15/1981**	3a. Date of Last Report: **04/22/1994**
4. FEI Number: **59-1988518**	☐ 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 ☒	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No	

21 Principal Place of Business	26 Mailing Address
9404 ROCKRIDGE CIR.	9404 ROCKRIDGE CIR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NEW PORT RICHEY, FL.	28 City & State: NEW PORT RICHEY, FL.
24 Zip: 34655	25 County: PASCO
29 Zip: 34655	30 County: PASCO

9. Name and Address of Current Registered Agent

HOTTIN, JOAN
7719 VIENNA LN
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name: MORRIS BIEN

82 Street Address (P.O. Box Number is Not Acceptable): 9404 ROCKRIDGE CIR.

83

84 City: NEW PORT RICHEY, **FL** 85 Zip Code: 34655

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Morris Bien (Signature of new registered agent, if appointed) (Name of New Registered Agent, typed or printed) 12-27-95 (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
31 TITLE	PD	41 TITLE	PD ☒ Change ☐ Addition
32 NAME	HOTTIN, JOAN	42 NAME	MORRIS BIEN
33 STREET ADDRESS	7719 VIENNA LN	43 STREET ADDRESS	9404 ROCKRIDGE CIR.
34 CITY ST ZIP	PORT RICHEY FL	44 CITY ST ZIP	NEW PORT RICHEY,FL. 34655
21 TITLE	VD	21 TITLE	VD ☐ Change ☐ Addition
22 NAME	BIEN, MORRIS	22 NAME	VIRL JOHNSON
23 STREET ADDRESS	9404 ROCKRIDGE CIR	23 STREET ADDRESS	7706 HOMER AVE.
24 CITY ST ZIP	NEW PORT RICHEY FL	24 CITY ST ZIP	HUDSON,FL. 34667
51 TITLE	VD	51 TITLE	(NOT VD) ☐ Change ☐ Addition
52 NAME	LABORANTE, DOMINICK	52 NAME	DOMINICK LABORANTE
53 STREET ADDRESS	12609 STONE HOUSE LOOP	53 STREET ADDRESS	12609 STONE HOUSE LOOP
54 CITY ST ZIP	BAYONET POINT FL	54 CITY ST ZIP	BAYONET POINT,FL. 34667
41 TITLE	SD	41 TITLE	SD ☒ Change ☐ Addition
42 NAME	HOTTIN, PAUL	42 NAME	ANN P. JOHNSON
43 STREET ADDRESS	7719 VIENNA LN	43 STREET ADDRESS	7706 HOMER AVE.
44 CITY ST ZIP	PORT RICHEY FL	44 CITY ST ZIP	HUDSON,FL. 34667
11 TITLE	TD	11 TITLE	PD ☒ Change ☐ Addition
12 NAME	MAJEWSKI, ROBERTA	12 NAME	ANN P. JOHNSON
13 STREET ADDRESS	7316 OSAGE DR	13 STREET ADDRESS	7706 HOMER AVE.
14 CITY ST ZIP	BAYONET POINT FL	14 CITY ST ZIP	HUDSON,FL. 34667
61 TITLE		61 TITLE	☐ Change ☐ Addition
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY ST ZIP		64 CITY ST ZIP	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ANN P. JOHNSON Ann P. Johnson 4-27-95 813-868-1829

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

0067024