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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF COMPORATIONS

1996

STREET ADDRESS

759998 DOCUMENT #

(8)

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

Mailing Address Principal Place of Business 9404 ROCKBRIDGE CIR. 9404 ROCKBRIDGE CIR. NEW PORT RICHEY FL 34655 NEW PORT RICHEY FL 34655 US ШS 3. Date Incorporated or Qualified 3a. Date of Last Report 09/15/1981 05/01/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-1988518 Not Applicable 1106 Kemer 21 7706 HOMER \$8.75 Additional Suite. Ant. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 HUD \$5.00 May Be 6. Election Campaign Financing City & State City & State KUDSON, FL HUDSON. Trust Fund Contribution Added to Fees 28 8. This corporation has liability for intangible tax under s. 199.032, Country Country Ζiρ 30 PXSC0 Yes 12 No 25 FX-5 CC 3466 Florida Statutes 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JC! KN SON, VIRL
Street Address (P.O., Box Number is Not Acceptable)
7766 NCM TR. AVE BIEN, MORRIS 6404 ROCKBRIDGE CIR. 63 **NEW PORT RICHEY FL 34655** Zip Code ろくんん City NU DSON 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 Arrifle 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 617.0508; Florida Statutes.

SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

PRESCORE AND DIRECTORS IN 12 Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating) (12/95)13. OFFICERS AND DIRECTORS 12. DELETE 1 1 TITLE VD TITLE JOHNSON, VIRLAVE. CR2E037 JOHNSON, VIRL 1.2 NAME NAME 7706 HOMER AVE. 1.3 STREET ADDRESS HUDSONIFU 34667 VICE PRESIDENCE MERCIS STREET ADDRESS **HUDSON FL** 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DOELETE PD 21 TITLE TITLE BIEN, MORRIS 22 NAME PORT RICHEY 5 346.

NEW PORT RICHEY 5 346.

1-79 VICE PRES. D Change

LABORANTE BOMINICE

12609 STONE HOUSE LOOP NAME 9404 ROCKRIDGE CIR 2 3 STREET ADDRESS STREET ADDRESS 34655 NEW PORT RICHEY FL 2 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE 31 TITLE TITLE VD LABORANTE, DOMINICK NAME 12609 STONE HOUSE LOOP 3 3 STREET ADDRESS BAYONET POINT, FL. 34667 STREET ADDRESS **BAYONET POINT FL** 3 4. CITY - ST - ZIP CITY-ST-ZIP Addition PDELETE 4.1 TITLE SDTD JOHNSON, ANN B 7706HOMER AVE TITLE JOHNSON, ANN B 4. 2 NAME NAME 7706 HOMER AVE. 4.3 STREET ADDRESS HUDSON, FL. 34667 STREET ADDRESS **HUDSON FL** 4.4 CITY-ST-ZIP DITY-ST-ZIP Addition ☐ Change DELETE 51 TITLE TITLE 52 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIP DITY-ST-ZIP 90000184729 Addition DELETE 6.1 TITLE TITLE -06/03/96--01023--018 6.2 NAME NAME \*\*\*61.25 6.3 STREET ADDRESS

6.4 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)(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: On B John Con Secretary Signature and Typed OF PRINTED NAME OF SIGNING OFFICER OR DIRECTORY