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FILED

Feb 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 760207 (1)
1. Corporation Name
S.N.P.J. LODGE #778 ATHLETIC & SOCIAL CLUB INC.

Principal Place of Business

Mailing Address

13383 COUNTY LINE ROAD
BROOKSVILLE FL 34809
USP.O. BOX 5852
SPRING HILL FL 34611-0901
US3. Date Incorporated or Qualified
09/29/19813a. Date of Last Report
04/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

29

30

4. FEI Number
36-3306798Applied For
☒ Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOMBOCS, JOHN A.
8642 WOODBRIDGE DR.
NEW PORT RICHEY FL 34655

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME HARFMAN, WALTER
STREET ADDRESS 185 GARLAND CIRCLE
CITY - ST - ZIP PALM HARBOR FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIPTITLE D ☒ DELETE
NAME GLAVAN, JOSEPH
STREET ADDRESS 4378 BISCAYNE DRIVE
CITY - ST - ZIP SPRING HILL FL2.1 TITLE ☒ Change ☐ Addition
2.2 NAME ANTHONY MARKEL
2.3 STREET ADDRESS 7244 DOGGETT AVE
2.4 CITY - ST - ZIP NEW PORT RICHEY, FL 34655TITLE SD ☐ DELETE
NAME GOMBOCS, JOHN
STREET ADDRESS 8642 WOODBRIDGE DR.
CITY - ST - ZIP NEW PORT RICHEY FL 346553.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME SAMSA, CHAS. P.
STREET ADDRESS 123 DARNELL AVE.
CITY - ST - ZIP SPRING HILL FL 348064.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME LUZAR, FRANK
STREET ADDRESS 8508 HUNTSMAN LANE
CITY - ST - ZIP PT RICHEY FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIPTITLE D ☐ DELETE
NAME BOUMA, FRANK
STREET ADDRESS 6506 MAYHILL COURT
CITY - ST - ZIP SPRING HILL FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0086571

CR2E037 (9/96)