


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 760207 (1) 1. Corporation Name S.N.P.J. LODGE #778 ATHLETIC & SOCIAL CLUB INC.					
Principal Place of Business 13363 COUNTY LINE ROAD BROOKSVILLE FL 34809 US		Mailing Address P.O. BOX 5852 SPRING HILL FL 34806 US			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/29/1981 4. FEI Number 36-3306798 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent GOMBOCS, JOHN A. 8842 WOODBRIDGE DR. NEW PORT RICHEY FL 34855			10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	P	<input type="checkbox"/> DELETE			
NAME	HARFMAN, WALTER				
STREET ADDRESS	185 GARLAND CIRCLE				
CITY-ST-ZIP	PALM HARBOR FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	MARKEL, ANTHONY				
STREET ADDRESS	7244 DOGGETT TEN				
CITY-ST-ZIP	NEW PORT RICHEY FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	GOMBOCS, JOHN				
STREET ADDRESS	8842 WOODBRIDGE DR.				
CITY-ST-ZIP	NEW PORT RICHEY FL 34855				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	SAMSA, CHAS. P.				
STREET ADDRESS	123 DARNELL AVE.				
CITY-ST-ZIP	SPRING HILL FL 34806				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LUZAR, FRANK				
STREET ADDRESS	8508 HUNTSMAN LANE				
CITY-ST-ZIP	PT RICHEY FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BOUMA, FRANK				
STREET ADDRESS	6506 MAYHILL COURT				
CITY-ST-ZIP	SPRING HILL FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
2.2 NAME	5516 PARADISE DR.				
2.3 STREET ADDRESS	NEW PORT RICHEY, FL 34853				
2.4 CITY-ST-ZIP					
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					
14. 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 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: John A. Gombocs 2/12/98 (813) 372 0509					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CFR2037 (10/97)