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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 760207

1. Corporation Name

S.N.P.J. LODGE #778 ATHLETIC & SOCIAL CLUB INC.

Principal Place of Business

13383 COUNTY LINE ROAD  
BROOKSVILLE FL 34609  
US

Mailing Address

P.O. BOX 5852  
SPRING HILL FL 34611  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/29/1981

4. FEI Number

36-3306798

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

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HARFMAN, WALTER  
STREET ADDRESS 185 GARLAND CIRCLE  
CITY-ST-ZIP PALM HARBOR FL

TITLE D ☐ DELETE

NAME MARKEL, ANTHONY  
STREET ADDRESS 5516 PARADISE DR  
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE SD ☐ DELETE

NAME GOMBOCS, JOHN  
STREET ADDRESS 8642 WOODBRIDGE DR.  
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☒ DELETE

NAME SAMSA, CHAS. P.  
STREET ADDRESS 123 DARNELL AVE.  
CITY-ST-ZIP SPRING HILL FL 34606

TITLE D ☒ DELETE

NAME LUZAR, FRANK  
STREET ADDRESS 8508 HUNTSMAN LANE  
CITY-ST-ZIP PT RICHEY FL

TITLE D ☐ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

JOHN LAURICH ☒ Change ☐ Addition  
DIRECTOR  
2118 MEREDITH DR  
Spring Hill, FL 34608  
RAY SHOLAR ☒ Change ☐ Addition  
DIRECTOR  
1077 Edgehill Ave  
Spring Hill, FL 34606

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOHN A. GOMBOCS 3/12/99  
606065 1-727-372-0509

CR2E037 (11/98)