FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **761223** **(7)**

1. Corporation Name

NEW PORT RICHEY ELKETTES, INC.

Principal Place of Business	Mailing Address
7201 CONGRESS STREET P.O. BOX 492 NEW PORT RICHEY FL 34653-1835	7201 CONGRESS STREET P.O. BOX 492 NEW PORT RICHEY FL 34653-1835

3. Date Incorporated or Qualified: **12/28/1981**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2152982** ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KUDLA, JOANNA M
3631 LINKWOOD
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name: Harris, Jeanne
82 Street Address (P.O. Box Number is Not Acceptable): 7341 Ingleside Dr.
83: Port Richey, FL 34668
84 City: Port Richey, **FL** 85 Zip Code: 34668

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: Jeanne Harris (jeanne Harris) P.
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	1.1 TITLE	P D	☒ Change ☐ Addition
NAME	KUDLA, JOANNA M		1.2 NAME	Harris, Jeann e	
STREET ADDRESS	3631 LINKWOOD		1.3 STREET ADDRESS	7341 Ingleside Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY-ST-ZIP	Port Richey, FL 34668	
TITLE	SD	☒ DELETE	2.1 TITLE	VP D	☒ Change ☐ Addition
NAME	BAKER, MAJORIE		2.2 NAME	Jones, Edith	
STREET ADDRESS	1016 BEGONIA		2.3 STREET ADDRESS	3103 Buckner Ct.	
CITY-ST-ZIP	HOLIDAY FL		2.4 CITY-ST-ZIP	Holidayy FL 34690	
TITLE	VD	☒ DELETE	3.1 TITLE	VP D	☒ Change ☐ Addition
NAME	HARRIS, JEANNE		3.2 NAME	Kudla, Joanna M.	
STREET ADDRESS	7341 INGLESIDE DR.		3.3 STREET ADDRESS	3631 Linkwood	
CITY-ST-ZIP	PORT RICHEY FL		3.4 CITY-ST-ZIP	New Port Richey, FL 34652	
TITLE	VP	☒ DELETE	4.1 TITLE	S	☒ Change ☐ Addition
NAME	VAN BUREN, SHIRLEY		4.2 NAME	Baker, Majorie	
STREET ADDRESS	7039 WHITTINGTON CT		4.3 STREET ADDRESS	1016 Begonia	
CITY-ST-ZIP	NEW PORT RICHEY FL		4.4 CITY-ST-ZIP	Holiday, FL 34691	
TITLE	T	☒ DELETE	5.1 TITLE	T	☒ Change ☐ Addition
NAME	BUSHONF, DOROTHY		5.2 NAME	Yannetti, Sue	
STREET ADDRESS	7028 ARBORETUM WAY		5.3 STREET ADDRESS	1447 Honor Dr.	
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP	Holiday, FL 34690	
TITLE		☐ DELETE	6.1 TITLE	300001849423	☐ Change ☐ Addition
NAME			6.2 NAME	-06/04/96--01035--026	
STREET ADDRESS			6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Sue Yannetti Sue Yannetti 4/17/96 (813) 934-5234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #