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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **761223** (7)
1. Corporation Name
NEW PORT RICHEY ELKETTES, INC.



Principal Place of Business 7201 CONGRESS STREET P.O. BOX 492 NEW PORT RICHEY FL 34653-1835	Mailing Address 7201 CONGRESS STREET P.O. BOX 492 NEW PORT RICHEY FL 34653-1835
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3. Date Incorporated or Qualified 12/28/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2152982	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent HARRIS, JEANNE 7341 INGLESIDE DR PORT RICHEY FL 34668	
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10. Name and Address of New Registered Agent	
81 Name McLaskey Jackie	
82 Street Address (P.O. Box Number is Not Acceptable) 4204 Northampton Dr	
83	
84 City New Port Richey	85 Zip Code FL 34653

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 *Jeannine M. McLaskey* DATE **4/2/97**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME HARRIS, JEANNE	
STREET ADDRESS 7341 INGLESIDE DR.	
CITY-ST-ZIP PORT RICHEY FL 34668	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME JONES, EDITH	
STREET ADDRESS 3103 BUCKNER CT.	
CITY-ST-ZIP HOLIDAY FL 34690	
TITLE VPD	<input checked="" type="checkbox"/> DELETE
NAME KUDLA, JOANNA M	
STREET ADDRESS 3631 LINKWOOD	
CITY-ST-ZIP NEW PORT RICHEY FL 34652	
TITLE S	<input checked="" type="checkbox"/> DELETE
NAME BAKER, MAJORIE	
STREET ADDRESS 1016 BEGONIA	
CITY-ST-ZIP HOLIDAY FL 34691	
TITLE T	<input type="checkbox"/> DELETE
NAME YANNETTI, SUE	
STREET ADDRESS 1447 HONOR DR	
CITY-ST-ZIP HOLIDAY FL 34690	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME McLaskey, Jackie	
1.3 STREET ADDRESS 4204 Northampton Dr.	
1.4 CITY-ST-ZIP New Port Richey FL 34653	
2.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Kudla, Joanna	
2.3 STREET ADDRESS 3631 Linkwood	
2.4 CITY-ST-ZIP N.P. Richey, FL 34652	
3.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Pellow, Montine	
3.3 STREET ADDRESS 7319 Bellows Falls Lane	
3.4 CITY-ST-ZIP Bayonet Point, FL 34667	
4.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME Davis, Doreen	
4.3 STREET ADDRESS 5110 Plantation	
4.4 CITY-ST-ZIP Holiday, FL 34690	
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 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: *Jeannine M. McLaskey* DATE: **4/2/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # **0088011**

CR2E037 (9/96)