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May 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
4. FEI Number 59-2152982
Applied For <input type="checkbox"/> Not Applicable

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

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 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent MCLASKEY, JACKIE 4204 NORTHAMPTON DR NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent
81 Name JEANNE L. HARRIS
82 Street Address (P.O. Box Number is Not Acceptable) 7341 INGLESIDE DR.
83
84 City PORT RICHEY
85 Zip Code FL 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 L. Harris* - **JEANNE L. HARRIS - PRESIDENT** DATE **5/20/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	MCLASKEY, JACKIE
STREET ADDRESS	4204 NORTHAMPTON DR
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	PELLOW, MONTINE
STREET ADDRESS	7319 BELLOWS FALLS LANE
CITY-ST-ZIP	BAYONET POINT FL
TITLE	VPD <input checked="" type="checkbox"/> DELETE
NAME	KUDLA, JOANNA
STREET ADDRESS	3631 LINKWOOD
CITY-ST-ZIP	N P RICHEY FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	DAVIS, DOREEN
STREET ADDRESS	5110 PLANTATION
CITY-ST-ZIP	HOLIDAY FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	YANNETTI, SUE
STREET ADDRESS	1447 HONOR DR
CITY-ST-ZIP	HOLIDAY FL 34890
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JEANNE L. HARRIS
1.3 STREET ADDRESS	7341 INGLESIDE DR.
1.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARGARET JOHNSON
2.3 STREET ADDRESS	9006 MARK TWAIN LN.
2.4 CITY-ST-ZIP	PORT RICHEY, FL 34668
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BETTY ALLEN
3.3 STREET ADDRESS	7848 DUNDEE DR.
3.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VELMA OLSEN
4.3 STREET ADDRESS	5128 BULL RUN DR.
4.4 CITY-ST-ZIP	NEW PORT RICHEY, FL 34653
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: *Jeanne L. Harris* - **JEANNE L. HARRIS** *5/20/98*

CR2E037 (10/97)