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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 761223

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

12/28/1981

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

9. Name and Address of Current Registered Agent

HARRIS, JEANNIE L
7341 INGLESIDE DR
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name
ALLEN, ELIZABETH

82 Street Address (P.O. Box Number is Not Acceptable)
7848 DUNDEE DRIVE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/22/99

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME HARRIS, JEANNIE L
STREET ADDRESS 7341 INGLESIDE DR
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE VPD ☒ DELETE
NAME JOHNSON, MARGARET
STREET ADDRESS 9006 MARK TWAIN LN
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE S ☒ DELETE
NAME ALLEN, BETTY
STREET ADDRESS 7848 DUNDEE DR
CITY-ST-ZIP N P RICHEY FL

TITLE T ☒ DELETE
NAME OLSEN, VELMA
STREET ADDRESS 8128 BULL RUN DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME ALLEN, ELIZABETH
1.3 STREET ADDRESS 7848 DUNDEE DRIVE
1.4 CITY-ST-ZIP NEW PORT RICHEY FL 34653

2.1 TITLE VPD ☐ Change ☐ Addition
2.2 NAME CORYNNE WILSON
2.3 STREET ADDRESS ~~5105 VICTORIA LN~~
2.4 CITY-ST-ZIP HOLIDAY FL 34690

3.1 TITLE S ☐ Change ☐ Addition
3.2 NAME MARGARET JOHNSON
3.3 STREET ADDRESS 9006 MARK TWAIN LN
3.4 CITY-ST-ZIP PORT RICHEY FL 34668

4.1 TITLE T ☐ Change ☐ Addition
4.2 NAME HARRIS, JEANNE L.
4.3 STREET ADDRESS 7341 INGLESIDE DR
4.4 CITY-ST-ZIP PORT RICHEY, FL 34668

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

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: *Jeannie L. Harris*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(727)848-5680

4/22/99

Date

Daytime Phone #

0071392

CR2E037-(11/98)