FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **761768** **(1)**

1. Corporation Name
WEST PASCO REPUBLICAN CLUB, INC.

Principal Place of Business	Mailing Address
3637 PLAYER DR. NEW PT. RICHEY FL 34655-9015	3637 PLAYER DR. NEW PT. RICHEY FL 34655-9015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1982
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2414722 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	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

FASANO, MICHAEL B
48-26 MYRTLE OAK DR, BLD 618 #11
PO BOX 3655
NEW PORT RICHEY FL 34656

Roland J. Quinn
7009 Melrose Ct.
Port Richey, FL
34668

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

X SIGNATURE _____ 14 MAY 95
(Signature, typed or printed name of registered agent and date) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	FASANO, MICHAEL B.	1.2 NAME	PD
STREET ADDRESS	4826 MYRTLE OAK #11	1.3 STREET ADDRESS	Roland J. Quinn
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	7009 Melrose Ct., Port Richey, FL 34668
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	CORLEY, BRIAN G.	2.2 NAME	
STREET ADDRESS	8343 HART ROYAL DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY,FL 00000	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	QUINN, ROLAND	3.2 NAME	
STREET ADDRESS	7009 MELROSE CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SANFILIPPO, CONCETTA V.	4.2 NAME	
STREET ADDRESS	3637 PLAYER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BRANDER, SEERIE	5.2 NAME	
STREET ADDRESS	6925 OELSNER	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY,FL 00000	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	LOFTHEIM, MARGARET	6.2 NAME	
STREET ADDRESS	9927 PALMER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	6.4 CITY-ST-ZIP	

4/27/96
PERMITTED BY MAY 1

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)(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: Concetta V. Sanfilippo, Treasurer April 26, 1995 813-376-2628
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
CONCETTA V. SANFILIPPO

0087648