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Apr 14 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 # **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 34655-2015**

3. Date Incorporated or Qualified
02/05/1982

3a. Date of Last Report
04/04/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

29

30

4. FEI Number

59-2414722

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

**QUINN, ROLAND J
7009 MELROSE CT
PORT RICHEY FL 34668**

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **QUINN, ROLAND J**
STREET ADDRESS **7009 MELROSE CT**
CITY-ST-ZIP **PORT RICHEY FL 34668**

TITLE **VD** ☒ DELETE

NAME **CORLEY, BRIAN G.**
STREET ADDRESS **8343 HART ROYAL DR.**
CITY-ST-ZIP **NEW PORT RICHEY, FL 00000**

TITLE **VD** ☐ DELETE

NAME **QUINN, ROLAND**
STREET ADDRESS **7009 MELROSE CT.**
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **TD** ☐ DELETE

NAME **SANFILIPPO, CONCETTA V.**
STREET ADDRESS **3637 PLAYER DR.**
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **D** ☐ DELETE

NAME **BRANDER, SEERIE**
STREET ADDRESS **6925 OELSNER**
CITY-ST-ZIP **NEW PORT RICHEY, FL 00000**

TITLE **SD** ☒ DELETE

NAME **LOFHEIM, MARGARET**
STREET ADDRESS **9927 PALMER DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PD**
1.3 STREET ADDRESS **Lucas, Jeffrey**
1.4 CITY-ST-ZIP **11441 Pine Forest Dr.,
New Port Richey, FL 34654**

2.1 TITLE **VD** ☒ Change ☐ Addition

2.2 NAME **Collins, Ed**
2.3 STREET ADDRESS **P O Box 978**
2.4 CITY-ST-ZIP **Port Richey, FL 34673**

3.1 TITLE **VD** ☒ Change ☐ Addition

3.2 NAME **Quinn, Roland**
3.3 STREET ADDRESS **7009 Melrose Ct.**
3.4 CITY-ST-ZIP **Port Richey, FL 34668**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 **SD**
6.3 STREET ADDRESS **Kavli, Ruth J.**
6.4 CITY-ST-ZIP **12401 Smokey Dr.
Hudson, FL 34669**

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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.

CR2E037 (9/96)