## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State

## FILED May 17, 1999 8:00 am Secretary of State 05-17-1999 90008 036 \*\*\*\*61.25

ļ	1999	DIVISION OF CORPORATIONS					03-17-1995	/ 90008 O.	30 01.	.43	
	MENT # 76	1768		•			-				
WEST PASCO REPUBLICAN CLUB, INC.							)				
Principal Place	e of Business	Mail	ling Address								
3637 PLAYER DR. 3637 PLAYER DR.							) ( <b>38</b> )() ( <b>48)(8 3</b> )(8) (1 <b>8</b> )( ( <b>48)(8 8</b> )(	DE 1811 BERNE BER	() <b>(111) (111)</b>	) <b>8:8</b> () ) <b>88</b> )	
	EY FL 34655-9015	NEV	V PT. RICHEY FL 34655	-9015							
2. Principal P	lace of Business	Mailing Address				3. Date Incorporated or Qualifed 02/05/1982					
11	u		Suite, Apt. #, etc.			4. FEI Number		Anr	lied For		
Suite, Apt.	#, etc.	<del> </del> 1	suite, Apr. #, etc.				59-2414722		— <del>— — —</del>	Applicable	
City & Stat		27	City & State				00 E4141EE		\$8.75 A		
City & Stat	e	28					5. Certifcate of Status Desired		Fee Rec	I	
Zip	Country		Zip	Coun	itry		6. Election Campaign Financing		\$5.00		
24	25	29		30			Trust Fund Contribution		Added to	Fees	
	9. Name and Address	s of Current Registe	red Agent		041		10. Name and Address of New	Registered	Agent	————	
				Ĺ		ame 					
QUINN, ROLAND J					82 St	reet Addre	ess (P.O. Box Number is Not Accept	able)		İ	
7009 MEL					83						
PORT RICHEY FL 34668											
					84 Ci	ity		FL	85 Zip C	ode	
office or c	egistered agent, or both, in m familiar with, and accep	n the State of Flonda at the obligations of, S	Section 617.0503, Flori	ida Statu	by the tes.	corporatio	oration submits this statement for the on's board of directors. I hereby acced d when reinstating)	pt the appoi	ntment as reg	nistered	
12.		FICERS AND DIREC		13.			ADDITIONS/CHANGES TO O	FICERS AN	ID DIRECTO	RS IN 12	
TITLE	VD		☐ DELETE	1.1 TITU	LE				☐ Change	☐ Addition	
NAME	QUINN, ROLAND J			1.2 NAM	ME						
STREET ADDRESS	7009 MELROSE CT			1.3 STREE		RESS				i	
CITY-ST-ZIP	PORT RICHEY FL		1.4 CIT	1.4 CITY-ST-ZIP							
TITLE	PD	Design to the second se		2.1 TITL	2.1 TITLE				☐ Change	☐ Addition	
NAME	LUCAS, JEFFREY			2.2 NA	ΜE					1	
STREET ADDRESS	i	DR		2.3 STF	REET ADD	RESS				l	
CITY-ST-ZIP	NEW PORT RICHEY			2. 4 CT	TY-ST-ZIF	•   . <u>_</u>					
TITLE			3.1 TITU	LE				☐ Change	☐ Addition		
NAME	COLLINS, ED			ME							
STREET ADDRESS	P O BOX 978 N/A			3.3 STF	REET ADD	RESS					
CITY-ST-ZIP	PORT RICHEY FL			3.4. CIT	TY-ST-ZIF						
TITLE	TD		☐ DELETE	4,1 1111	LE				Change	Addition	
NAME	SANFILIPPO, CONCE	TTA V.		4. 2 NA	ME	Į					
STREET ADDRESS	3637 PLAYER DR.			4.3 STF	REET ADD	RESS					
CITY-ST-ZIP	NEW PORT RICHEY I	FL		4.4 CIT	Y-ST-ZIP						
TITLE	D		☐ DELETE	5.1 TITI	LE		<del>-</del>		☐ Change	☐ Addition	
NAME	BRANDER, SEERIE			5.2 NA	ME	ĺ					
STREET ADDRESS	****			5.3 ST	REET ADD	RESS					
CITY-ST-ZIP	NEW PORT RICHEY,	FL 00000			Y-ST-ZIP						
TITLE	SD		☐ DELETE	6.1 TIT	LE		<del></del> -		Change	☐ Addition	
NAME	KAVLI, RUTH J			6.2 NA	ME						
STREET ADDRESS				6.3 STF	REET ADD	RESS					
CITY-ST-ZIP	HUDSON FL			6.4 CIT	Y-ST-ZIP	,					

14. 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.