
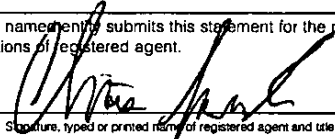
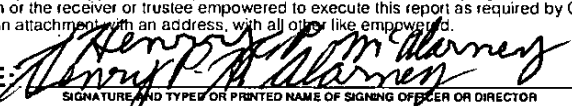


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90029 041 \*\*\*\*70.00

<b>DOCUMENT # 761768</b> 1. Entity Name WEST PASCO REPUBLICAN CLUB, INC.					
Principal Place of Business 12609 FOURTH ISLE HUDSON, FL 34667			Mailing Address 12609 FOURTH ISLE HUDSON, FL 34667		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SPROWLS, CHRIS <del>9238 CALLE ALTA CT.</del> 11922 Tee Time Cir NEW PORT RICHEY, FL <del>34655</del> 34654				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: JAN-11-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete SPROWLS, CHRIS <del>9238 CALLE ALTA CT.</del> 11922 Tee Time Cir. NEW PORT RICHEY, FL <del>34655</del> 34654		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Parliamentarian <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Roland Quinn Melrose Ct 7409 New Port Richey, FL 34668	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXECUTIVE VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete COLLINS, ED 5320 LITTLE RD. #117 NEW PORT RICHEY, FL 34655		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MCALARNEY, HENRY P 12609 FOURTH ISLE HUDSON, FL 34667		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1ST VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Delete EHRlich, GEORGE 43646 CHESWICK DR. 703 HOLIDAY, FL 34891		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2ND VP <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Delete Shawn Foster 8217 Massachusetts Ave New Port Richey, FL 34653		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Delete Ruth Ludaker 5646 Cheswick Dr Holiday, FL 34691		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			01-11-05 01-11-05 <small>Date Daytime Phone #</small>		

40001410



01102005 Chg-NP CR2E037 (10/03)

4. FEI Number  
59-2414722

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required