2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000006548



FILED
Jan 22, 2007 8:00 am
Secretary of State
01-22-2007 90109 015 ****61.25

Pincipul Place of Business	1. Entity Nam FRIENDS	OF THE	E NEW PORT RICH	łEY LIB	RARY, INC.				01-22-2007	90109 013	, 01.	.23
Suite. Apt. #. etc. Suite. Apt. #. etc. City & State A. FEI Number NOT APPLICABLE Applied For NOT APPLICABLE NOT APPLICA	5939 MAIN STREET 593			5939	939 MAIN STREET							
Chy & State City & State Cit	2. Principal F	Place of Busin	ness - No P.O. Box #	3. Mailii	ng Address							
Country	Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			01102007	Chg-NP	CR2E037	7 (12/06)	
S. Certificate Signature S	City & State			City	City & State			4. FEI Number NOT API	PLICABLE			
Name Name Street Address IP.O. Box Number is Not Acceptable	Zip	Zip Country Z		Zip	o Country			5. Certificate o	f Status Desired			
HOOK, JOAN NELSON 4918 FLORMAR TERRACE NEW PORT RICHEY, FL 34652 City City City FL Zip Code 6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida. I am familiar with, and accept the obligation of Florida Department of State Filing Fee is \$61.25 Due by May 1, 2007 Delta Pills P	6. Name and Address of Current Registered Agent				Agent			7. Name and A	Address of New F	Registered A	gent	
4918 FLORMAR TERRACE NEW PORT RICHEY, FL 34652 City City FL Zip Code FL Addition Line Fling Fee is \$81.25 Due by May 1, 2007 Florida Department of State City State Florida Department of State Florida Department of State Florida Department of State City State Florida Department of State City State Addition Make Florida Department of State Florida Department of State Florida Department of State City State Addition Florida Department of State City State Addition Florida Department of State Florida Department of State Flori	HOOK 10	AN NELC	ON			Nai	me					
B. 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 neo bligations of registered agent. Signature	4918 FLORMAR TERRACE					Street Address (P.O. Box Number is Not Acceptable)						
B. 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 need agent. Signature Signature Signature required agent in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. It is a provinced agent and size of private fund of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. It is a provinced agent and accept in the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent. It is a provinced agent with, and accept in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept in the purpose of purpose agent with, and accept agent age						İ						
SIGNATURE Signature Stephanome Stepha			•			City	у			FL	Zip Code	e
Pilling Fee is \$61.25 Due by May 1, 2007 Pilling Fee is \$61.25 Pilling				r the purpo	se of changing its re	egistered offi	ice or registe	red agent, or both	, in the State of Fl	orida. I am fa	amiliar with,	and accept
Due by May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State	SIGNATURE		for printed name of registered agent a	and title if appli	cable. (NOTE:	Registered Agent	signature require	d when reinstating)		DATE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE SELL, CARMINE J STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE SAME LYMAN-KARGMAN, JUDY CHANGE G403 MISSOURI AVE. NAME O355 GRAND BOULEVARD NEW PORT RICHEY, FL 34652 TITLE THOMAS, JUDY DEBELLA O355 CITY-ST-ZIP TITLE THOMAS, JUDY DEBELLA O455 CITY-ST-ZIP TITLE THOMAS, JUDY DEBELLA O555 CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE DEBET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE DEBET ADDRESS CITY-ST-ZIP TITLE DEBET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE DAY O555 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET A	· · · · · · · · · · · · · · · · · · ·											
NAME SIRRET ADDRESS CITY-ST-ZIP HUDSON, FL 34652 Delete HUDSON, FL 34652 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP		-			-	•		\$5.00 May Be Added to Fees				
TITLE S LYMAN-KARGMAN, JUDY 6403 MISSOURI AVE. OITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE T T Change Addition NAME STREET ADDRESS GOUY-ST-ZIP THOMAS, JUDY DEBELLA STREET ADDRESS GOUY-ST-ZIP TITLE D REES, JOAN STREET ADDRESS GOUY-ST-ZIP TITLE D REES, JOAN STREET ADDRESS COUY-ST-ZIP TITLE D REES, JOAN STREET ADDRESS COUY-ST-ZIP TITLE D REES, JOAN STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME MAYTUM, VONNIE STREET ADDRESS GOUTH-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME MAYTUM, VONNIE STREET ADDRESS STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS COUY-S	10.	Due by N	lay 1, 2007	RECTORS	-	ontribution.	<u> </u>	Added to Fees	Flo	rida Departi	ment of St	tate
NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE THOMAS, JUDY DEBELLA 6035 GRAND BOULEVARD NEW PORT RICHEY, FL 34652 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME REES, JOAN STREET ADDRESS S803 MASSACHUSETTS AVE CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE D PRACE, DAVID NAME NAME PRACE, DAVID NAME NAME NAME PRACE, DAVID NAME NAME NAME NAME NAME NAME PRACE, DAVID NAME NAME NAME NAME NAME NAME NAME NAME	TITLE NAME	P BELL, CA	May 1, 2007 OFFICERS AND DIF	RECTORS	Trust Fund Co	11. TITLE NAME		Added to Fees	Flo	rida Departi RS AND DIR	ment of St	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS	TITLE NAME STREET ADDRESS	P BELL, CA 13224 NO	May 1, 2007 OFFICERS AND DIF ARMINE J DRMAN CIRCLE	RECTORS	Trust Fund Co	11. TITLE NAME STREET ADDR	RESS	Added to Fees	Flo	rida Departi RS AND DIR	ment of St	10
NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME NAME MAYTUM, VONNIE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS	May 1, 2007 OFFICERS AND DIF RMINE J DRMAN CIRCLE F, FL 34652 KARGMAN, JUDY SOURI AVE.	RECTORS	Trust Fund Co	Ontribution. 11. TITLE NAME STREET ADDF CFFY-SI-ZIP TITLE NAME STREET ADDF	RESS	Added to Fees	Flo	rida Departi	ment of St	10 ☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS. NEW POR	May 1, 2007 OFFICERS AND DIF RMINE J DRMAN CIRCLE F, FL 34652 KARGMAN, JUDY SOURI AVE.	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR TITLE NAME STREET ADDR CHY-SI-ZIP TITLE NAME STREET ADDR CITY-SI-ZIP	RESS	Added to Fees	Flo	rida Departi	ment of St ECTORS IN Change Change	10 Addition
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS: NEW POF	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE 15, FL 34652 CARGMAN, JUDY SOURI AVE. RT RICHEY, FL 34652	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR TITLE NAME STREET ADDR CHY-SI-ZIP TITLE NAME STREET ADDR CHY-SI-ZIP	RESS	Added to Fees	Flo	rida Departi	ment of St ECTORS IN Change Change	10 Addition
TITLE NAME REES, JOAN STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete Delete NAME PRACE, DAVID NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete Delete TITLE NAME PRACE, DAVID TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS: NEW POR T THOMAS	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE 1, FL 34652 CARGMAN, JUDY SOURI AVE. RT RICHEY, FL 34652 , JUDY DEBELLA	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR CHY-SI-ZIP TITLE NAME STREET ADDR CHY-SI-ZIP TITLE NAME STREET ADDR CHY-SI-ZIP	RESS	Added to Fees	Flo	rida Departi	ment of St ECTORS IN Change Change	10 Addition
NAME STREET ADDRESS 5803 MASSACHUSETTS AVE STREET ADDRESS 5603 MASSACHUSETTS AVE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE D NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE D NAME MAYTUM, VONNIE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE D NAME MAYTUM, VONNIE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CIFY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS: NEW POR T THOMAS: 6035 GRA	OFFICERS AND DIF	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR	RESS	Added to Fees	Flo	rida Departi	ment of St ECTORS IN Change Change	10 Addition
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME PRACE, DAVID SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS: NEW POF T THOMAS 6035 GRA NEW POF	OFFICERS AND DIF	RECTORS	Trust Fund Co	ITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP CITY-ST-ZIP	RESS .	Added to Fees	Flo	rida Departi	ment of St ECTORS IN Change Change	Addition Addition
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME PRACE, DAVID SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME THE NAME TREET ADDRESS CITY-ST-ZIP TITLE	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS: NEW POF T THOMAS 6035 GRA NEW POF	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE FL 34652 CARGMAN, JUDY SOURI AVE. RT RICHEY, FL 34652 JUDY DEBELLA AND BOULEVARD RT RICHEY, FL 34652	RECTORS	Trust Fund Co	ITTLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR CITY-ST-ZIP	RESS P	Added to Fees ADDITIONS/CHA	Floi	rida Departi	ment of St ECTORS IN Change Change	Addition Addition
TITLE D PRACE, DAVID NAME PRACE, DAVID SIREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP CITY-ST-ZIP TI	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TITLE NAME TITLE NAME TITLE NAME	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS: NEW POF T THOMAS 6035 GRA NEW POF D REES, JC	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF OFFICE	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR CHY-SI-ZIP TITLE NAME	RESS P	Added to Fees ADDITIONS/CHA	Floi	rida Departi	ment of St ECTORS IN Change Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 ITILE NAME MAYTUM, VONNIE STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 TITLE NAME CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP NEW PORT RICHEY, FL 34652 NAME STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS: NEW POF T THOMAS 6035 GRA NEW POF D REES, JC 5803 MAS	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF OFFICERS AND D	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR CHY-SI-ZIP TITLE NAME STREET ADDR STREET ADDR STREET ADDR	RESS P Ress P Ress S Ress F Re	Added to Fees ADDITIONS/CHA Joan Massa chuse	NGES TO OFFICE	RS AND DIR	ment of St ECTORS IN Change Change	Addition Addition
CITY-ST-ZIP NEW PORT RICHEY, FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS NEW POF T THOMAS 6035 GRA NEW POF D REES, JC 5803 MAS NEW POF	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF OFFICERS AND D	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR CITY-ST-ZIP	RESS RESS P Recs, 5603 NCW	Added to Fees ADDITIONS/CHA Joan Massa chuse	NGES TO OFFICE	rida Departi	ECTORS IN Change Change Change	Addition Addition
TITLE D NAME TITLE NAME MAYTUM, VONNIE NAME STREET ADDRESS 6221 MONTANA AVE. STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS NEW POF T THOMAS 6035 GRA NEW POF D REES, JC 5803 MAS NEW POF D	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF ORMAN JUDY SOURI AVE. OFFICERS AND BOULEVARD OFFICERS AND BOULEVARD OFFICERS AND OF	RECTORS	Trust Fund Co	ITILE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR TITLE NAME STREET ADDR	RESS RESS P Ress F Ress Nt. \(\lambda \) V/P	Joan Massachusch	NGES TO OFFICE	rida Departi	ECTORS IN Change Change Change	Addition Addition
TITLE D X Delete TITLE ☐ Change ☐ Addition NAME MAYTUM, VONNIE NAME STREET ADDRESS 6221 MONTANA AVE. STREET ADDRESS CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS NEW POF T THOMAS 6035 GRA NEW POF D REES, JC 5803 MAS NEW POF D PRACE, E 4745 FLO	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF OFFICERS AND	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR STREET ADDR	RESS RESS PRESS ACO VI	Joan Massachusch fort Richey	MGES TO OFFICE	rida Departi	ECTORS IN Change Change Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP 6221 MONTANA AVE. STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS NEW POF T THOMAS 6035 GRA NEW POF D REES, JC 5803 MAS NEW POF D PRACE, E 4745 FLO NEW POF	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF OFFICERS AND	RECTORS	Trust Fund Co	TITLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR STREET ADDR	RESS RESS PRESS ACO VI	Joan Massachusch fort Richey	MGES TO OFFICE	rida Departi	ECTORS IN Change Change Change Change	Addition Addition Addition
CITY-ST-ZIP NEW PORT RICHEY, FL 34652 CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS NEW POF T THOMAS 6035 GRA NEW POF D REES, JC 5803 MAS NEW POF D PRACE, E 4745 FLO NEW POF D	OFFICERS AND DIF OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFI 34652 CARGMAN, JUDY SOURI AVE. RT RICHEY, FL 34652 OAN OSACHUSETTS AVE RT RICHEY, FL 34652 OAVID ORAMAR TERRACE RT RICHEY, FL 34652	RECTORS	Trust Fund Co	ITTLE NAME STREET ADDR CITY-ST-ZIP TITLE	RESS RESS PRESS ACO VI	Joan Massachusch fort Richey	MGES TO OFFICE	rida Departi	ECTORS IN Change Change Change Change	Addition Addition Addition
	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS NEW POF T THOMAS 6035 GRA NEW POF D REES, JC 5803 MAS NEW POF D PRACE, E 4745 FLO NEW POF D MAYTUM	OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF ORMAN CIRCLE OFFICERS AND DIF ORMAN JUDY SOURI AVE. ORT RICHEY, FL 34652 OAN OSACHUSETTS AVE ORT RICHEY, FL 34652 OAN OSACHUSETTS AVE ORT RICHEY, FL 34652 OAVID ORAMAR TERRACE ORT RICHEY, FL 34652	RECTORS	Trust Fund Co	ITTLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME	RESS PRESS PRESS FRESS NCW VI RESS HOUSE HOUSE	Joan Massachusch fort Richey	MGES TO OFFICE	rida Departi	ECTORS IN Change Change Change Change	Addition Addition Addition
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, CA 13224 NC HUDSON S LYMAN-K 6403 MIS NEW POF T THOMAS 6035 GRA NEW POF D REES, JC 5803 MAS NEW POF D PRACE, E 4745 FLO NEW POF D MAYTUM 6221 MON	OFFICERS AND DIF OFFICERS AND DIF OFFICERS AND DIF ORMAN CIRCLE OFFI 34652 CARGMAN, JUDY SOURI AVE. RT RICHEY, FL 34652 OAN OSACHUSETTS AVE RT RICHEY, FL 34652 OAN OSACHUSETTS AVE RT RICHEY, FL 34652 OAVID ORAMAR TERRACE RT RICHEY, FL 34652 OAVID ORAMAR TERRACE RT RICHEY, FL 34652	RECTORS	Trust Fund Co	ITTLE NAME STREET ADDR CITY-ST-ZIP TITLE NAME STREET ADDR STREET ADDR STREET ADDR STREET ADDR	RESS PRESS RESS PRESS NCW Vf PRACE HOUSE	Joan Massachusch fort Richey	MGES TO OFFICE	rida Departi	ECTORS IN Change Change Change Change	Addition Addition Addition

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 empowered.

SIGNATURE: