


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 21, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01655</b> 1. Entity Name <b>ZEPHYRHILLS-DADE CITY CHAPTER OF THE SOCIETY FOR THE PRESERVATION AND ENCOURAGEMENT OF</b>					
Principal Place of Business <b>6005 10TH STREET ZEPHYRHILLS FL 33542-3521 US</b>		Mailing Address <b>6005 10TH STREET ZEPHYRHILLS FL 33542-3521 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>36-3399678</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>REHRIG, RODNEY B SR 6005 10TH STREET ZEPHYRHILLS FL 33542-3521</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST REHRIG, RODNEY B SR 6005 10TH STREET ZEPHYRHILLS FL 33540</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HENK, RICHARD 5250 3RD STREET ZEPHYRHILLS FL 33542</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VM ARBOU, HERBERT 36130 NORTHBROOK AVE ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BODM HOMER, COLIN J 39533 DUNDEE ROAD ZEPHYRHILLS FL 33542</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP SKIVER, LEO 5904 WILSON ST ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VDVP GIBSON, CHARLES 34041 TREE LAKE DR ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	_____	<input type="checkbox"/> Change <input type="checkbox"/> Addition			



MOORE CR2E037 (4/04)

Applied For  
Not Applicable

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

7. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

9. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**  
**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST REHRIG, RODNEY B SR 6005 10TH STREET ZEPHYRHILLS FL 33540</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P HENK, RICHARD 5250 3RD STREET ZEPHYRHILLS FL 33542</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VM ARBOU, HERBERT 36130 NORTHBROOK AVE ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>BODM HOMER, COLIN J 39533 DUNDEE ROAD ZEPHYRHILLS FL 33542</b>	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VDVP GIBSON, CHARLES 34041 TREE LAKE DR ZEPHYRHILLS FL 33541</b>	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  
 000000161150  
 05/21/04-80001-020 61.25  
☐ Change ☐ 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 empowered

SIGNATURE: Rodney B. Rehrig, Sr. May 18, 2004 HOME (813) 788-5676  
 WORK (813) 788-5414