

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90042 028 \*\*\*\*70.00

**DOCUMENT # N02110**

1. Entity Name  
**PALM HARBOR, FLORIDA CHAPTER OF SPEBSQSA, INC.**



Principal Place of Business  
**SENIOR ACTIVITY CENTER  
1500 16TH STREET  
PALM HARBOR, FL 34683 US**

Mailing Address  
**SENIOR ACTIVITY CENTER  
1500 16TH STREET  
PALM HARBOR, FL 34683 US**

**50032224**



2. Principal Place of Business  
**PALM HARBOR COMMUNITY ACTIVITY CENTER**

3. Mailing Address  
**PALM HARBOR COMMUNITY ACTIVITY CENTER**

Suite, Apt. #, etc.  
**1500 16th STREET**

Suite, Apt. #, etc.  
**1500 16th STREET**

01192005 Chg-NP CR2E037 (10/03)

City & State  
**PALM HARBOR FL**

City & State  
**PALM HARBOR FL**

4. FEI Number  
**36-3399680**

Applied For  
Not Applicable

Zip  
**34683**

Country  
**US**

Zip  
**34683**

Country  
**US**

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

**6. Name and Address of Current Registered Agent**

**BRANCH, JOHN W  
3103 S. CANAL DR  
PALM HARBOR, FL 34684**

**7. Name and Address of New Registered Agent**

Name  
**JEFFREY S. PAUL**  
Street Address (P.O. Box Number is Not Acceptable)  
**931 CHATHAM WAY**  
City  
**PALM HARBOR** FL Zip Code  
**34683**

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 **JEFFREY S. PAUL, TREASURER** *Jeffrey S. Paul* **2-9-05**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	PD BRANCH, JOHN W 3103 S. CANAL DR PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICKEYT, ASH 1100 S. BETCHER RD #655 LARGO, FL 33771	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROAN, TIM 2579 COUNTRYSIDE BLVD CLEARWATER, FL 33761	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GASF, FREDERICK 18130 ROSEMARY LANE #1308 LARGO, FL 33774	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S THOMAS, JERRY 939 VALLEY CIEW LANE PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WILLIAMS, CHARLES W 842 FRANKLIN CIRCLE PALM HARBOR, FL 34683	<input checked="" type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHN NUSS 4766 BARDSDALE DRIVE PALM HARBOR FL 34685	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TOM SMALL 1496 QUEEN ANNE DR. PALM HARBOR, FL 34684	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROAN, TOM 2579 COUNTRYSIDE BLVD 107 CLEARWATER, FL 33761	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD AAGARD, BOB 15844 LYLE CIRCLE HUDSON, FL 34667	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LAIDLAW, JOHN 1909 PINEHURST DR. CLEARWATER, FL 33763	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAUL, JEFFREY 931 CHATHAM WAY PALM HARBOR, FL 34683	<input checked="" 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 empowered.

SIGNATURE: *Jeffrey S. Paul* **JEFFREY S. PAUL, TREASURER** **2-9-05** **H-727-784-5851**  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #  
**C-727-251-6710**