



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90230 007 ****61.25

DOCUMENT # N04000004863 1. Entity Name NEW PORT RICHEY CHAPTER, INC.					
Principal Place of Business 5817- SR-54 NEW PORT RICHEY, FL 34652			Mailing Address 5817- SR-54 NEW PORT RICHEY, FL 34652		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04252007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3505727	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KAZERY, GEORGE 9022 CALLAWAY DRIVE NEW PORT RICHEY, FL 34655				7. Name and Address of New Registered Agent Name ERIC STERNBERG Street Address (P.O. Box Number is Not Acceptable) 20553 LAKE CASCADE RD City LAND O LAKES FL Zip Code 34637	
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 <u><i>Eric Sternberg</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE 4-25-07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONNORS, JOHN 4410 GRANDWOOD LANE NEW PORT RICHEY, FL 34653	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY BANG 9841 ADAMO DR TAMPA FL 33619	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DREW, WILLARD 214 DOLPHIN DR N OLDSMAR, FL 34677	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARRY STEPHENS 5817 STATE RD 54 NEW PORT RICHEY FL 34652	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KING, DANIEL 1631 KISMET CT TARPOON SPRINGS, FL 34689	<input checked="" 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	T HARRIS, DIANE 3637 FAIRWAY FOREST CIR PALM HARBOR, FL 34685	<input checked="" 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"/> 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"/> Delete	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 exemptions contained in Chapter 119, 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 817, 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: <u><i>Eric Sternberg</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 4-25-07 727-842-4547 <small>Date Daytime Phone #</small>	