

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90105 010 \*\*\*\*61.25

**DOCUMENT # N05651**

1. Corporation Name

**SOUTH PASCO COUNTY VOITURE 1576, 40/8, INCORPORATED.**

Principal Place of Business

PO BOX 113  
NEW PORT RICHEY FL 34656-113  
US

Mailing Address

PO BOX 113  
NEWPORT RICHEY FL 34656-113  
US

375885 - 90105 - 10 5 \*



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/15/1984

4. FEI Number

NOT APPLICABLE

Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BURRIS, BOBBY  
#3225 MATHCLOCK DR  
HOLIDAY FL 34690

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Bobby Burris

Signature, typed or printed name of registered agent and title if applicable.

Bobby Burris

(NOTE: Registered Agent signature required when reinstating)

4/12/99

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME HERIG, JOHN  
STREET ADDRESS 7820 SYCAMORE DR  
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

TITLE D  
NAME FORTIN, EUGENE  
STREET ADDRESS 12220 LONGHORN DR.  
CITY-ST-ZIP BAYONET POINT FL

☐ DELETE

TITLE D  
NAME POZNANSKI, CHESTER  
STREET ADDRESS 8150 BRENT ST, #743  
CITY-ST-ZIP PORT RICHEY FL 34668

☐ DELETE

TITLE D  
NAME CLARK, KEN  
STREET ADDRESS 7134 CASTANEA DR  
CITY-ST-ZIP PORT RICHEY FL 34668

☐ DELETE

TITLE D  
NAME KAVAL, CHARLES  
STREET ADDRESS 5218 HIBISCUS CT  
CITY-ST-ZIP NEW PORT RICHEY FL

☐ DELETE

TITLE T  
NAME BURRIS, TERRY  
STREET ADDRESS 3225 MATCHLOCK DR  
CITY-ST-ZIP HOLIDAY FL 34690

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Bobby Burris  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/99 1-727-934-8281  
Date Daytime Phone #

CR2E037 (11/98)