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Jan 23 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06029 (5)

1. Corporation Name

COTEE RIVER LIONS CHARITIES, INC.

Principal Place of Business

8320 PLATHE RD
NEW PORT RICHEY FL 34653
US

Mailing Address

P.O. BOX 773
NEW PORT RICHEY FL 34656-0773
US3. Date Incorporated or Qualified
11/06/19843a. Date of Last Report
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number
59-2468138Applied For
Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALOGH, FRANK
14821 CASSANDRA DR
ODESSA FL 33556

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE
NAME CAGGIANO, JOSEPH
STREET ADDRESS 5708 LAGOON DR
CITY - ST - ZIP NEW PORT RICHEY FLTITLE D ☐ DELETE
NAME BALOGH, FRANK
STREET ADDRESS 14821 CASSANDRA DR
CITY - ST - ZIP ODESSA FLTITLE S ☐ DELETE
NAME HUBER, KENNETH E
STREET ADDRESS 11207 SALT TREE LANE
CITY - ST - ZIP PORT RICHEY FLTITLE PPD ☐ DELETE
NAME WALKER, KENNETH
STREET ADDRESS 5403 REEF DR
CITY - ST - ZIP NEW PORT RICHEY FLTITLE VP ☐ DELETE
NAME NEZBETH, IVEY
STREET ADDRESS 8832 WATERMAN CT
CITY - ST - ZIP NEW PORT RICHEY FLTITLE TD ☐ DELETE
NAME MCNEILL, CHERYL
STREET ADDRESS 5604 ANTELOPE LANE
CITY - ST - ZIP NEW PORT RICHEY FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED NAME OF REGISTERING OFFICER

Date

Daytime Phone # 0088188

CR2E037 (9/96)