


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N06029** (5)

1. Corporation Name

COTEE RIVER LIONS CHARITIES, INC.

Principal Place of Business

Mailing Address

**8320 PLATHE RD
NEW PORT RICHEY FL 34653
US**

**P.O. BOX 773
NEW PORT RICHEY FL 34656-0773
US**

3. Date Incorporated or Qualified

11/06/1984

4. FEI Number

59-2468138

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 33558**

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 FL**

1.1 TITLE **CHARLIE Phillips** ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS **1719 COSMOS DR**
1.4 CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **D** ☐ DELETE
NAME **BALOGH, FRANK**
STREET ADDRESS **14821 CASSANDRA DR**
CITY-ST-ZIP **ODESSA FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **S** ☒ DELETE
NAME **HUBER, KENNETH E**
STREET ADDRESS **11207 SALT TREE LANE**
CITY-ST-ZIP **PORT RICHEY FL**

3.1 TITLE **S** ☒ Change ☐ Addition
3.2 NAME **Marilyn Elliott**
3.3 STREET ADDRESS **90450 Pontiac St**
3.4 CITY-ST-ZIP **New Port Richey FL 34654**

TITLE **PPD** ☒ DELETE
NAME **WALKER, KENNETH**
STREET ADDRESS **5403 REEF DR**
CITY-ST-ZIP **NEW PORT RICHEY FL**

4.1 TITLE **PP** ☒ Change ☒ Addition
4.2 NAME **Joseph Caggiano**
4.3 STREET ADDRESS **5708 Lagoon Dr**
4.4 CITY-ST-ZIP **New Port Richey FL 34653**

TITLE **VP** ☐ DELETE
NAME **NEZBETH, MEY**
STREET ADDRESS **8832 WATERMAN CT**
CITY-ST-ZIP **NEW PORT RICHEY FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **MCNEILL, CHERYL**
STREET ADDRESS **5004 ANTELOPE LANE**
CITY-ST-ZIP **NEW PORT RICHEY FL**

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)(l), 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:

Cheryl McNeill Treasurer

3-16-98 813-786-6677

CR2E037 (10/97)