

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
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90081 005 ****61.25

DOCUMENT # N06029

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
US



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

11/06/1984

4. FEI Number

59-2468138

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

BALOGH, FRANK
14821 CASSANDRA DR
ODESSA FL 33556

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME PHILLIPS, CHARLIE
STREET ADDRESS 1719 COSMOS DR
CITY-ST-ZIP HOLIDAY FL 34690
☒ DELETE

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

TITLE S
NAME ELLIOTT, MARILYN
STREET ADDRESS 9045 PONTIAC ST
CITY-ST-ZIP NEW PORT RICHEY FL 34654
☒ DELETE

TITLE PD
NAME CAGGIANO, JOSEPH
STREET ADDRESS 5708 LAGOON DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653
☒ DELETE

TITLE VP
NAME NEZBETH, IVEY
STREET ADDRESS 8832 WATERMAN CT
CITY-ST-ZIP NEW PORT RICHEY FL
☒ DELETE

TITLE TD
NAME MCNEILL, CHERYL
STREET ADDRESS 5604 ANTELOPE LANE
CITY-ST-ZIP NEW PORT RICHEY FL
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☒ Change ☐ Addition
1.2 NAME GILFORD CRANE
1.3 STREET ADDRESS 7443 FAIRWOOD AVENUE
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL 34653

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

3.1 TITLE SECRETARY ☒ Change ☐ Addition
3.2 NAME KENNETH E. HUBER
3.3 STREET ADDRESS 11207 SALT TREE LANE
3.4 CITY-ST-ZIP PORT RICHEY, FL 34668

4.1 TITLE DIRECTOR ☒ Change ☐ Addition
4.2 NAME JOHN A. GRILL
4.3 STREET ADDRESS 10038 BEEFMASTER COURT
4.4 CITY-ST-ZIP NEW PORT RICHEY FL 34655

5.1 TITLE VICE PRESIDENT ☒ Change ☐ Addition
5.2 NAME DANIEL D. AMOR
5.3 STREET ADDRESS 7026 BAILLIE DR.
5.4 CITY-ST-ZIP NEW PORT RICHEY FL 34653

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/99

Date

(727) 846-1444

Daytime Phone #

CR2E037 (11/98)