

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2004 8:00 am
Secretary of State

06-09-2004 90004 034 ****61.25

DOCUMENT # N06029

1. Entity 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**

44040406



05282004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2468138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALOGH, FRANK
14821 CASSANDRA DR
ODESSA, FL 33556**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **P** ☒ Delete
NAME **PHILLIPS, CHARLES**
STREET ADDRESS **P O BOX 3148**
CITY-ST-ZIP **HOLIDAY, FL 34690**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **McFARLANE, LEONARD**
STREET ADDRESS **12200 LALAY DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34654**

TITLE **V** ☒ Delete
NAME **GEARHART, CATHERINE**
STREET ADDRESS **5539 REDHAWK DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HUBER, KENNETH E**
STREET ADDRESS **11538 LAKEVIEW DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CRANE, GILFORD**
STREET ADDRESS **7423 FAIRWOOD AVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **MCNEILL, CHERYL L**
STREET ADDRESS **5604 ANTELOPE LANE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **V. P. - TREASURER** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **COGGIANO, JOE**
STREET ADDRESS **5708 LAGOON DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 617, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/04

Date

(727) 846-0066

Daytime Phone #