

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N07377

(7)

1. Corporation Name

PASCO COUNTY SENIOR MENS GOLF ASSOCIATION INC.



Principal Place of Business

P.O. BOX 2061
NEW PORT RICHEY FL 34656-2061

Mailing Address

P.O. BOX 2061
NEW PORT RICHEY FL 34656-2061

3. Date Incorporated or Qualified
01/09/1985

3a. Date of Last Report
03/17/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2484498

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. 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

WELLS, WILLIAM
9413 BARNSTEAD LANE
PT. RICHEY FL 34668

81 Name

RHODABECK, GENE

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

3532 NIBLICK CT.

83

84 City

NEW PORT RICHEY

FL

85 Zip Code

34655

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

Eugene D. Rhodaback

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

(NOTE: Registered Agent signature required when reinstating)

000001736930

-03/08/96-01032-01926, 1996

\$61.25

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
	WELLS, WILLIAM	9413 BARNSTEAD LANE	PT. RICHEY FL	
	O'BRIEN, JAMES	7730 CHERRYTREE LANE	NEW PORT RICHEY FL	
	MORAN, HAROLD F.	4323 SWALLOW TAIL DR.	NEW PORT RICHEY FL	
	PRICE, WILLIAM	9430 RAINBOW LANE	PORT RICHEY FL	
	GIBBONS, GEORGE	16311 LARSON LANE	HUDSON FL	
	BREE, JOSEPH	5913 PENNSYLVANIA AVE.	NEW PORT RICHEY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	O'BRIEN, JAMES E	7730 CHERRYTREE LN	NEW PORT RICHEY FL 34653	
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D'AGOSTINO, ANTHONY	3733 PENRICK DR.	HOLIDAY, FL 34691	
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	EDWARD O'CONNER	7246 MAPLEHURST DR	PORT RICHEY FL, 34668	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	RHODABECK, GENE	3532 NIBLICK CT.	NEW PORT RICHEY FL, 34655	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	LAVIGNE, EDWARD	7501 HUMBOLT AVE.	NEW PORT RICHEY FL, 34655	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	GIBBONS, THOMAS	9150 GOLF VIEW DR.	NEW PORT RICHEY FL, 34655	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

James E O'Brien Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/96

Date

813 549 2481

Daytime Phone #

CR2E037 (12/95)