

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90055 004 ****61.25

DOCUMENT # N07377

1. Entity 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

00014440

2. Principal Place of Business

P.O. Box 1374

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1374

Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

ELFERS FLA.

Zip

34680

Country

USA

City & State

ELFERS FLA.

Zip

34680

Country

USA

4. FEI Number

59-2484498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SEARS, CURTISS R SR
6248 HALIFAX DR
NEW PORT RICHEY FL 34653**

7. Name and Address of New Registered Agent

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

TITLE **VPD** ☐ Delete
NAME **BENNETT, FRANCIS**
STREET ADDRESS **P.O. BOX 2061**
CITY-ST-ZIP **NEW PORT RICHEY FL 34656**

TITLE **D** ☐ Delete
NAME **COSTELLO, JAMES**
STREET ADDRESS **PO BOX 2061**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **STD** ☐ Delete
NAME **SEARS, CURTISS R SR**
STREET ADDRESS **P.O. BOX 2061**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE **PD** ☐ Delete
NAME **WALTON, WILLIAM**
STREET ADDRESS **P.O. BOX 2061**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Change ☐ Addition
NAME **BENNETT, FRANCIS**
STREET ADDRESS **P.O. BOX 1374**
CITY-ST-ZIP **ELFERS, FLA. 34680**

TITLE **D** ☒ Change ☐ Addition
NAME **COSTELLO, JAMES**
STREET ADDRESS **P.O. BOX 1374**
CITY-ST-ZIP **ELFERS FLA. 34680**

TITLE **SIT/D** ☒ Change ☐ Addition
NAME **SEARS, CURTISS R-SR**
STREET ADDRESS **P.O. Box 1374**
CITY-ST-ZIP **ELFERS, FLA 34680**

TITLE **PI/D** ☒ Change ☐ Addition
NAME **WALTON, WILLIAM**
STREET ADDRESS **P.O. BOX 1374**
CITY-ST-ZIP **ELFERS, FLA. 34680**

TITLE **V/D** ☐ Change ☒ Addition
NAME **FERRARO, JOSEPH**
STREET ADDRESS **P.O. BOX 1374**
CITY-ST-ZIP **ELFERS, FLA. 34680**

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: *Curtis R Sears Sr.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-05

Date

(727) 816-8805

Daytime Phone #