FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 9:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N08346 (1)

1. Corporation Name
PORT RICHEY ORGAN SOCIETY, INC.

Principal Place of Business	Mailing Address
C/O RALPH T. BALSAM P.O. BOX 254 PORT RICHEY FL 34673-0254	C/O RALPH T. BALSAM P.O. BOX 254 PORT RICHEY FL 34673-0254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/25/1985
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2603062 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 NONE	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

BALSAM, RALPH
9420 PALM AVE.
PORT RICHEY FL 34668

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Ralph Balsam DM
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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	BALSAM, RALPH T.	1.2 NAME		
STREET ADDRESS	9420 PALM AVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	BALSAM, KATHI	2.2 NAME		
STREET ADDRESS	9420 PALM AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SKOLBURG, JOHN	3.2 NAME		
STREET ADDRESS	8929 CROSSWIND LANE	3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHIE FL	3.4 CITY-ST-ZIP		
TITLE	P	4.1 TITLE		☑ Change ☐ Addition
NAME	~~MENTZ, GEORGE~~ ED KUNZMAN	4.2 NAME		
STREET ADDRESS	~~7845 PARKWAY BLVD.~~ 7705 CRESTVIEW DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~HUDSON FL~~ NEW PORT RICHEY FL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	KRAMER, DORIS	5.2 NAME		
STREET ADDRESS	7201 MAPLEHURST	5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL	5.4 CITY-ST-ZIP		
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	CHILDS, JUNE, L	6.2 NAME		
STREET ADDRESS	14438 SIREN LANE	6.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL	6.4 CITY-ST-ZIP		

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)(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 asterisk.

SIGNATURE: Ralph Balsam DM APRIL 3RD 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #