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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

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 34873-0254C/O RALPH T. BALSAM
P.O. BOX 254
PORT RICHEY FL 34873-02543. Date Incorporated or Qualified
03/25/19853a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BALSAM, RALPH
9420 PALM AVE.
PORT RICHEY FL 34668

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME BALSAM, RALPH T.
STREET ADDRESS 9420 PALM AVE
CITY-ST-ZIP PORT RICHEY FL1.1 TITLE D.
1.2 NAME D.
1.3 STREET ADDRESS LOUISE KIENLE
1.4 CITY-ST-ZIP 11928 CARISSA
NEW PORT RICHEY, FL.TITLE D
NAME BALSAM, KATHI
STREET ADDRESS 9420 PALM AVENUE
CITY-ST-ZIP PORT RICHEY FL2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D
NAME ALLISON, GEORGE
STREET ADDRESS 5905 8TH AVENUE
CITY-ST-ZIP NEWPORT RICHEY FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE P
NAME KUNZMAN, ED
STREET ADDRESS 3705 COCKATOO DR
CITY-ST-ZIP NEW PORT RICHEY FL4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE S
NAME KRAMER, DORIS
STREET ADDRESS 7201 MAPLEHURST
CITY-ST-ZIP PORT RICHEY FL5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE T
NAME CHILDS, JUNE, L
STREET ADDRESS 14438 SIREN LANE
CITY-ST-ZIP HUDSON FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Edmund C. Kunzman 2/20/97

813-846-1329

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 6088428

CR2E037 (9/96)