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**Secretary of State**

03-03-1999 90038 048 \*\*\*\*61.25

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N08346**

1. Corporation Name

**PORT RICHEY ORGAN SOCIETY, INC.**

Principal Place of Business

C/O RALPH T. BALSAM  
P.O. BOX 254  
PORT RICHEY FL 34673-0254

Mailing Address

C/O RALPH T. BALSAM  
P.O. BOX 254  
PORT RICHEY FL 34673-0254



2. Principal Place of Business

21 **C/O EDMUND KUNZMAN**

2a. Mailing Address

26 **P. R. O. S.**

3. Date Incorporated or Qualified

**03/25/1985**

4. FEI Number

**59-2603062**

Applied For  
Not Applicable

Suite, Apt. #, etc.

22 **P.O. Box 254**

Suite, Apt. #, etc.

27 **P.O. Box 254**

City & State

23 **NEW PORT RICHEY, FL.**

City & State

28 **NEW PORT RICHEY, FL.**

Zip

24 **34673-0254**

Country

Zip

29 **34673-0254**

Country

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

9. Name and Address of Current Registered Agent

**BALSAM, RALPH**  
**9420 PALM AVE.**  
**PORT RICHEY FL 34668**

**EDMUND C. KUNZMAN**  
**3705 COCKATOO DR.**  
**NEW PORT RICHEY, FL.**  
**34652**

10. Name and Address of New Registered Agent

81 Name **EDMUND C. KUNZMAN**

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

**3705 COCKATOO DR.**

83

84 City **NEW PORT RICHEY,**

**FL**

85 Zip Code  
**34652**

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 **Edmund C. Kunzman**  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**2/8/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE  
NAME **BALSAM, RALPH T.**  
STREET ADDRESS **9420 PALM AVE**  
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **D** ☒ DELETE  
NAME **BALSAM, KATHI**  
STREET ADDRESS **9420 PALM AVENUE**  
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **D** ☐ DELETE  
NAME **KIENLE, LOUISE**  
STREET ADDRESS **11928 CARISSA**  
CITY-ST-ZIP **NEWPORT RICHEY FL**

TITLE **P** ☐ DELETE  
NAME **KUNZMAN, ED**  
STREET ADDRESS **3705 COCKATOO DR**  
CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE **S** ☐ DELETE  
NAME **KRAMER, DORIS**  
STREET ADDRESS **7201 MAPLEHURST**  
CITY-ST-ZIP **PORT RICHEY FL**

TITLE **T** ☐ DELETE  
NAME **CHILDS, JUNE, L**  
STREET ADDRESS **14438 SIREN LANE**  
CITY-ST-ZIP **HUDSON FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **CHARLEEN ECKMAN**  
1.3 STREET ADDRESS **8101 BROWN PELICAN AVE**  
1.4 CITY-ST-ZIP **NEWPORT RICHEY, FL. 34653**

2.1 TITLE **D** ☐ Change ☒ Addition  
2.2 NAME **ARTHUR HERWECK**  
2.3 STREET ADDRESS **8548 CAITLIN CT. HUDSON, FL.**  
2.4 CITY-ST-ZIP **34667**

3.1 TITLE **D** ☐ Change ☒ Addition  
3.2 NAME **WINNEFRED HERWECK**  
3.3 STREET ADDRESS **8548 CAITLIN CT.**  
3.4 CITY-ST-ZIP **HUDSON, FL. 34667**

4.1 TITLE **V.P.** ☐ Change ☒ Addition  
4.2 NAME **MARY-BETTY SCHUFELDT**  
4.3 STREET ADDRESS **7125 INGLESIDE DR.**  
4.4 CITY-ST-ZIP **PORT RICHEY, FL. 34668**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**Edmund C. Kunzman**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/8/99**  
Date

**727-846-1329**  
Daytime Phone #

CR2E037 (1/98)