


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-14-2004 90027 049 ****61.25

DOCUMENT # N08346	
1. Entity Name PORT RICHEY ORGAN SOCIETY, INC.	

Principal Place of Business C/O W. HERWECK 8548 CAITLIN CT HUDSON FL 34867	Mailing Address C/O W. HERWECK 8548 CAITLIN CT HUDSON FL 34867
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

6. Name and Address of Current Registered Agent HERWECK, W 8548 CAITLIN CT HUDSON FL 34667	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 <i>Winnifred F. Herweck</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE 4/22/04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKMAN, CHARLEEN 8101 BROWN PELICAN AVENUE NEW PORT RICHEY FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERWECK, ARTHUR 8548 CAITLIN COURT HUDSON FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KIENLE, LOUISE 11928 CARISSA NEW PORT RICHEY FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HERWECK, WINNIE 8548 CAITLIN CT HUDSON FL 34667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOTHERBY, HENRIETTA 4630 PORTLAND MANOR DR NEW PORT RICHEY FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X KNUDSEN, BERNARD 7802 CAYUGA DR NEW PORT RICHEY FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Winnifred F. Herweck</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/22/04 Daytime Phone #

WINNIFRED F. HERWECK
PRESIDENT, PORT RICHEY ORGAN SOCIETY, INC.

66415490



MOORE CR2E037 (11/03)

4. FEI Number 59-2603062	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

SEE ATTACHED
FOR
ADDITIONS

Attachment- NO8346
2004 UNIFORM BUSINESS REPORT (UBR)

66415490

DOCUMENT #NO8346

PORT RICHEY ORGAN SOCIETY INC.

BLOCK 11

PLEASE NOTE:

THE FOLLOWING WERE REPORTED ON
ON OUR UBR-2003 REPORT BUT ARE NOT LISTED
ON THE UBR-2004 FORM WE RECEIVED.

TITLE	S
NAME	LACAGNINA, HELEN
STREET ADDRESS	9950 HILLTOP DR.
CTY-ST-ZIP	NEW PORT RICHEY, FL 34654

TITLE	D
NAME	LACAGNINA, SAL
STREET ADDRESS	9950 HILLTOP DR.
CTY-ST-ZIP	NEW PORT RICHEY, FL 34654

SIGNATURE

[Signature]
PRESIDENT
PORT RICHEY ORGAN SOCIETY, INC.