2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State

02-10-2005 90047 010 ****61.25

DOCUMENT # N08346

1. Entity Name
PORT RICHEY ORGAN SOCIETY, INC.

Principal Place of Business	Mailing Address
C\O W. HERWECK 8548 CAITLIN CT HUDSON, FL 34867	C\O W. HERWECK 8548 CAITLIN CT HUDSON, FL 34867

2. Principal Place of Business	3. Mailing Address
C/O HAROLD BABCOCK	C/O HAROLD BABCOCK
Suite, Apt. #, etc.: 11413 VERNON AVE	Suite, Apt. #, etc.: 11413 VERNON AVE
City & State: PORT RICHEY, FL	City & State: PORT RICHEY, FL
Zip: 34668 / Country: USA	Zip: 34668 / Country: USA

01292005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2603062 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERWECK, W 8548 CAITLIN CT HUDSON, FL 34667	Name: HAROLD BABCOCK Street Address (P.O. Box Number is Not Acceptable): 11413 VERNON AVENUE City: PORT RICHEY, FL Zip Code: 34668

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

Filing 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: ECKMAN, CHARLEEN STREET ADDRESS: 8101 BROWN PELICAN AVENUE CITY-ST-ZIP: NEW PORT RICHEY, FL 34653	☐ Delete	TITLE: P NAME: Babcock, Harold STREET ADDRESS: 11413 Vernon Ave. CITY-ST-ZIP: Port Richey, FL 34668	☐ Change ☒ Addition
TITLE: T NAME: HERWECK, ARTHUR STREET ADDRESS: 8548 CAITLIN COURT CITY-ST-ZIP: HUDSON, FL 34667	☒ Delete	TITLE: V NAME: Lacagnina, Sal STREET ADDRESS: 9950 Hilltop Dr. CITY-ST-ZIP: New Port Richey, FL 34654	☐ Change ☒ Addition
TITLE: V NAME: KIENLE, LOUISE STREET ADDRESS: 11928 CARISSA CITY-ST-ZIP: NEW PORT RICHEY, FL 34654	☒ Delete	TITLE: S NAME: Lacagnina, Helen STREET ADDRESS: 9950 Hilltop Dr. CITY-ST-ZIP: New Port Richey, FL 34654	☐ Change ☒ Addition
TITLE: P NAME: HERWECK, WINNIE STREET ADDRESS: 8548 CAITLIN CT CITY-ST-ZIP: HUDSON, FL 34667	☒ Delete	TITLE: T NAME: Mosher, Carl STREET ADDRESS: 2101 Hilo Dr. CITY-ST-ZIP: Holiday, FL 34691	☐ Change ☒ Addition
TITLE: D NAME: FOTHERBY, HENRIETTA STREET ADDRESS: 4630 PORTLAND MANOR DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34655	☐ Delete	TITLE: D NAME: Kniele, Louise STREET ADDRESS: 11928 Carissa CITY-ST-ZIP: New Port Richey FL 34654	☐ Change ☒ Addition
TITLE: D NAME: LACAGNNIA, SAL STREET ADDRESS: 9950 HILLTOP DR CITY-ST-ZIP: NEW PORT RICHEY, FL 34654	☒ Delete	TITLE: D NAME: Fotherby Clint STREET ADDRESS: 4630 Portland Manor Dr. CITY-ST-ZIP: New Port Richey FL 34655	☐ Change ☒ 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: _____ Harold Babcock 1/30/05 (727) 861-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #