FILED
Apr 10, 2006 8:00 am
Secretary of State
04-10-2006 90336 012 ****61.25

DOCUMENT # N08346

1. Entity Name
PORT RICHEY ORGAN SOCIETY, INC.

Principal Place of Business	Mailing Address
C\O HAROLD BABCOCK 11413 VERNON AVE PORT RICHEY, FL 34668	C\O HAROLD BABCOCK 11413 VERNON AVE PORT RICHEY, FL 34668

01062006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
BABCOCK, HAROLD 11413 VERNON AVENUE PORT RICHEY FL 34668	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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: _____ DATE
Signature of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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 / NAME / STREET ADDRESS / CITY ST ZIP	D ECKMAN, CHARLEEN 8101 BROWN PELICAN AVENUE NEW PORT RICHEY, FL 34653	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	T DUNN, JUNE 2092 CULBREATH RD B36 BROOKSVILLE, FL 34602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	P BABCOCK, HAROLD 11413 VERNON AVE PORT RICHEY, FL 34668	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D CAPEK, JOHN 14234 ULYSSES DRIVE HUDSON, FL 34667	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D KIENLE, LOUISE 11928 CARISSA NEW PORT RICHEY, FL 34654	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FOTHERBY, CLINT 4630 PORTLAND MANOR DR. NEW PORT RICHEY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	V LACAGNINA, SAL 9950 HILLTOP DR NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D FOTHERBY, HENRIETTA 4630 PORTLAND MANOR DR NEW PORT RICHEY, FL 34655	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	S LACAGNINA, HELEN 9950 HILLTOP DR NEW PORT RICHEY, FL 34654	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 02/04/06 (727) 861-3626
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HAROLD BABCOCK