

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90189 038 ****61.25

DOCUMENT # N08346

1. Entity Name
PORT RICHEY ORGAN SOCIETY, INC.



Principal Place of Business
**C/O HAROLD BABCOCK
11413 VERNON AVE
PORT RICHEY, FL 34668**

Mailing Address
**C/O HAROLD BABCOCK
11413 VERNON AVE
PORT RICHEY, FL 34668**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2603062

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**BABCOCK, HAROLD
11413 VERNON AVENUE
PORT RICHEY, FL 34668**

7. Name and Address of New Registered Agent

Name **NANCY BAUMGARTNER**
Street Address (P.O. Box Number is Not Acceptable)
16150 BROOKRIDGE BLVD
City **Brooksville** FL Zip Code **34613**

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

Nancy Baumgartner

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, 2007**

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

TITLE **D** ☐ Delete
NAME **ECKMAN, CHARLEEN**
STREET ADDRESS **8101 BROWN PELICAN AVENUE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34653**

TITLE **P** ☒ Delete
NAME **BABCOCK, HAROLD**
STREET ADDRESS **11413 VERNON AVE**
CITY-ST-ZIP **PORT RICHEY, FL 34668**

TITLE **T** ☐ Delete
NAME **DUNN, JUNE**
STREET ADDRESS **2092 CULBREATH RD #36**
CITY-ST-ZIP **BROOKSVILLE, FL 34602**

TITLE **V** ☒ Delete
NAME **LACAGNINA, SAL**
STREET ADDRESS **9950 HILLTOP DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **D** ☐ Delete
NAME **FOTHERBY, HENRIETTA**
STREET ADDRESS **4630 PORTLAND MANOR DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34668**

TITLE **S** ☐ Delete
NAME **LACAGNINA, HELEN**
STREET ADDRESS **9950 HILLTOP DR**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **BAUMGARTNER, NANCY**
STREET ADDRESS **16150 BROOKRIDGE BLVD**
CITY-ST-ZIP **BROOKSVILLE, FL 34613**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **GROH, ALLEN**
STREET ADDRESS **6104 HIDDEN TRAIL**
CITY-ST-ZIP **NEW PORT RICHEY FL 34655**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 supplement 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 checked or on an attachment with address, with all other like empowered.

SIGNATURE:

Nancy Baumgartner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-07 352 547 0250