2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08346

FILED Feb 26, 2008 Secretary of State

Entity Name: PORT RICHEY ORGAN SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business:

C\O HAROLD BABCOCK CIO ALLEN GROH

11413 VERNON AVE 6104 HIDDEN TRAIL COURT PORT RICHEY, FL 34668 NEW PORT RICHEY, FL 34655

Current Mailing Address: New Mailing Address:

CIO HAROLD BABCOCK C\O ALLEN GROH

11413 VERNON AVE 6104 HIDDEN TRAIL COURT PORT RICHEY, FL 34668 NEW PORT RICHEY, FL 34655

FEI Number: 59-2603062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BAUMBARTNER, NANCY BAUMGARTNER, NANCY 16150 BROOKRIDGE BLVD 16150 BROOKRIDGE BLVD BROOKSVILLE, FL 34613 US US BROOKSVILLE, FL 34613

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.

SIGNATURE: K. ALLEN GROH 02/26/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

BROOKSVILLE, FL 34602

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ECKMAN, CHARLEEN GROH, ALLEN Name: Name: 8101 BROWN PELICAN AVENUE Address: 6104 HIDDEN TRAIL COURT Address:

City-St-Zip: NEW PORT RICHEY, FL 34653 City-St-Zip: NEW PORT RICHEY, FL 34655

Title: () Delete Title: (X) Change () Addition BAUMEGARTNER, NANCY Name: BAUMEGARTNER, NANCY Name: Address: 16150 BROOKRIDGE BLVD Address: 16150 BROOKRIDGE BLVD City-St-Zip: BROOKSVILLE, FL 34613 City-St-Zip: BROOKSVILLE, FL 34613

Title: () Delete Title: () Change () Addition

DUNN, JUNE Name: Name: 2092 CULBREATH RD #36 Address: Address:

() Delete (X) Change () Addition Title: Title:

Name: GROH, ALLEN Name: LACAGNINA, HELEN Address: 6104 HIDDEN TRAIL Address: 9950 HILLTOP DR

NEW PORT RICHEY, FL 34655 City-St-Zip: City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete Title: (X) Change () Addition

FOTHERBY, HENRIETTA KIENLE, LOUISE Name: Name: 4630 PORTLAND MANOR DR 11928 CARISSA I N Address: Address:

NEW PORT RICHEY, FL 34654 City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip:

Title: () Delete Title: (X) Change () Addition LACAGNINA, HELEN HERWECK, WINNIE Name: Name:

Address: 9950 HILLTOP DR Address: 8546 CAITLIN CT NEW PORT RICHEY, FL 34654 HUDSON, FL 34667 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: K. ALLEN GROH Ρ 02/26/2008