

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:

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

New Principal Place of Business:

C/O ALLEN GROH
6104 HIDDEN TRAIL COURT
NEW PORT RICHEY, FL 34655

Current Mailing Address:

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

New Mailing Address:

C/O ALLEN GROH
6104 HIDDEN TRAIL COURT
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:

BAUMBARTNER, NANCY
16150 BROOKRIDGE BLVD
BROOKSVILLE, FL 34613 US

Name and Address of New Registered Agent:

BAUMGARTNER, NANCY
16150 BROOKRIDGE BLVD
BROOKSVILLE, FL 34613 US

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:

Title: D () Delete
Name: ECKMAN, CHARLEEN
Address: 8101 BROWN PELICAN AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653

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

Title: T () Delete
Name: DUNN, JUNE
Address: 2092 CULBREATH RD #36
City-St-Zip: BROOKSVILLE, FL 34602

Title: V () Delete
Name: GROH, ALLEN
Address: 6104 HIDDEN TRAIL
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: D () Delete
Name: FOTHERBY, HENRIETTA
Address: 4630 PORTLAND MANOR DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: S () Delete
Name: LACAGNINA, HELEN
Address: 9950 HILLTOP DR
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GROH, ALLEN
Address: 6104 HIDDEN TRAIL COURT
City-St-Zip: NEW PORT RICHEY, FL 34655

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: LACAGNINA, HELEN
Address: 9950 HILLTOP DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Change () Addition
Name: KIENLE, LOUISE
Address: 11928 CARISSA LN
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D (X) Change () Addition
Name: HERWECK, WINNIE
Address: 8546 CAITLIN CT
City-St-Zip: HUDSON, FL 34667

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.

SIGNATURE: K. ALLEN GROH

P

02/26/2008

Electronic Signature of Signing Officer or Director

Date