


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90179 027 ****61.25

DOCUMENT # **N08346**

1. Entity Name
PORT RICHEY ORGAN SOCIETY INC.



DO NOT WRITE IN THIS SPACE

11010024

2. Principal Place of Business c/o W. HERWECK Suite, Apt. #, etc. 8548 CAITLIN CT. City & State HUDSON, FL Zip 34867 Country		3. Mailing Address c/o B. KNUDSEN Suite, Apt. #, etc. 7802 CAYUGA DR City & State NEW PORT RICHEY, FL Zip 34653 Country PASCO	
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DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2603062** Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **W. HERWECK**

Street Address (P.O. Box Number is Not Acceptable)
8548 CAITLIN CT.

City **HUDSON** FL Zip Code **34867**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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See ATTACHED

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Bernard Knudsen** **BERNARD KNUDSEN** **TREAS** **4-20-03** **727 8481416**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)

ATTACHMENT

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #NO8346

1100/0024
NO8346

PORT RICHEY ORGAN SOCIETY

BLOCK 10 OFFICERS AND DIRECTORS

TITLE P
NAME HERWECK, WINNIE
STREET ADDRESS 8548 CAITLIN CT.
CTY-ST-ZIP HUDSON, FL. 34867

TITLE V
NAME KIENLE, LOUISE
STREET ADDRESS 11928 CARISSA
CTY-ST-ZIP NEW PORT RICHEY, FL. 34653

TITLE S NEW
NAME LACAGNINA, HELEN
STREET ADDRESS 9950 HILLTOP DR.
CTY-ST-ZIP NEW PORT RICHEY, FL. 34654

TITLE T
NAME KNUDSEN, BERNARD
STREET ADDRESS 7802 CAYUGA DR.
CTY-ST-ZIP NEW PORT RICHEY, FL. 34653

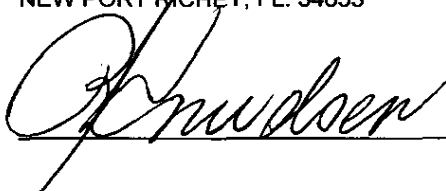
TITLE D.
NAME HERWECK, ARTHUR WAS SECRETARY
STREET ADDRESS 8548 CAITLIN CT.
CTY-ST-ZIP HUDSON, FL. 34867

TITLE D
NAME LACAGNINA, SAL
STREET ADDRESS 9950 HILLTOP DR.
CTY-ST-ZIP NEW PORT RICHEY, FL. 34654

TITLE D.
NAME FOTHERBY, HENRIETTA
STREET ADDRESS 4630 PORTLAND MANOR DR.
CTY-ST-ZIP NEW PORT RICHEY, FL. 34655

TITLE D
NAME ECKMAN, CHARLEEN
STREET ADDRESS 8101 BROWN PELICAN AVE.
CTY-ST-ZIP NEW PORT RICHEY, FL. 34653

SIGNATURE



TREAS, TEL: 727 846-1416
DATE APRIL 20, 2993