

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthaza
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N13323 (3)

1. Corporation Name

PASCO COUNTY SENIOR WOMENS GOLF ASSOCIATION, INC



Principal Place of Business

C/O RUTH BRADY
3422 TEESIDE DR.
NEW PORT RICHEY FL 34655

Mailing Address

C/O RUTH BRADY
3422 TEESIDE DR.
NEW PORT RICHEY FL 34655

3. Date Incorporated or Qualified
02/06/1986

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

59-2727577

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BRADY, RUTH
3422 TEESIDE DR.
NEW PORT RICHEY FL 34655

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ruth M. Brady

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-29-96
DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME SCHWAB, BETTY
STREET ADDRESS 3353 LORI LANE
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE VD ☒ DELETE

NAME BRAUN, GWYNETH
STREET ADDRESS 3300 TEESIDE DRIVE
CITY-ST-ZIP PORT RICHEY FL

TITLE TD ☐ DELETE

NAME BRADY, RUTH
STREET ADDRESS 3422 TEESIDE DR.
CITY-ST-ZIP NEW PORT RICHEY FL

TITLE S ☐ DELETE

NAME PRICE, JEAN
STREET ADDRESS 3702 BYWATER DR
CITY-ST-ZIP HOLIDAY FL

TITLE D ☐ DELETE

NAME THOMAS, FLO
STREET ADDRESS 8440-4 BUGLE CT
CITY-ST-ZIP PORT RICHEY FL

TITLE D ☐ DELETE

NAME PRICE, JEAN
STREET ADDRESS 3702 BY WATER DR.
CITY-ST-ZIP HOLIDAY FL 34691

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VP UGLISE, FRANCES
3241 LORI LANE
NEW PORT RICHEY, FL 34655

900001779239
-04/15/96-01011-023
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ruth M. Brady

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96
Date

(813) 376-0107
Daytime Phone

CR2E037 (12/95)