

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N34283 (4)

1. Corporation Name

THE WEST PASCO ROSE SOCIETY, INC.

Principal Place of Business

13805 SAN JUAN AVE
HUDSON FL 34667
US

Mailing Address

13805 SAN JUAN AVE
HUDSON FL 34667
US



3. Date Incorporated or Qualified
09/21/1989

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2908800

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

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

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARAWAY, ERMA Z
13805 SAN JUAN AVE
HUDSON FL 34667

81 Name Ruth A. Di ORIO
82 Street Address (P.O. Box Number is Not Acceptable)
5707 DALTON Ct.
83
84 City New Port Richey FL 85 Zip Code 34655

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 A. Di ORIO, President

Ruth A. Di ORIO

1-21-96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE
NAME LARAWAY, ERMA Z
STREET ADDRESS 13805 SAN JUAN AVE
CITY-ST-ZIP HUDSON FL

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME RUTH A. Di ORIO
1.3 STREET ADDRESS 5707 DALTON Ct.
1.4 CITY-ST-ZIP New Port Richey, FLA 34655

TITLE VPS ☒ DELETE
NAME DIORIO, RUTH
STREET ADDRESS 5707 DALTON CT
CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE 1st. VICE PRESIDENT ☒ Change ☐ Addition
2.2 NAME MARY R. Schmidt
2.3 STREET ADDRESS 12800 CANDLEWOOD way
2.4 CITY-ST-ZIP HUDSON, FLA. 34667

TITLE VP ☐ DELETE
NAME KRIEG, ALBERT
STREET ADDRESS 6039 7TH AVE
CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME WATERS, JOAN
STREET ADDRESS 4645 WEASEL DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

4.1 TITLE Director ☐ Change ☒ Addition
4.2 NAME DORIS BAREISS
4.3 STREET ADDRESS 10301 Bellwood AVE.
4.4 CITY-ST-ZIP New Port Richey, FL 34654

TITLE T ☐ DELETE
NAME CLAEYS, HUBERT
STREET ADDRESS 4603 SANDPOINT DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Ruth Stia
5.3 STREET ADDRESS 8841 CESSNA Dr.
5.4 CITY-ST-ZIP New Port Richey, FL 34654

TITLE D ☐ DELETE
NAME WEAVER, JOHN
STREET ADDRESS 9312 LAKE CHRISTINA LANE
CITY-ST-ZIP PORT RICHEY FL

6.1 TITLE Director ☐ Change ☐ Addition
6.2 NAME LARRY TRIMKO
6.3 STREET ADDRESS 110 79 MARYSVILLE ST
6.4 CITY-ST-ZIP Springhill, FL 34609

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 A. Di ORIO

Ruth A. Di ORIO

813-

1-22-96 376-6557

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)