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Jan 30 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

13905 SAN JUAN AVE
HUDSON FL 34667
US

13905 SAN JUAN AVE
HUDSON FL 34667-1570
US



2. Principal Place of Business	2a. Mailing Address
21 5707 DALTON CT.	26 5707 DALTON CT.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State NEW PORT RICHEY, FL	28 City & State NEW PORT RICHEY
24 Zip 34655	29 Zip 34655
25 Country USA	30 Country USA

3. Date Incorporated or Qualified 09/21/1989	3a. Date of Last Report 03/04/1996
4. FEI Number 59-2908800	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DI ORIO, RUTH A.
5707 DALTON COURT
NEW PORT RICHEY FL 34655

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

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	1.1 TITLE	TREASURER
NAME	DIORIO, RUTH A.	1.2 NAME	JOAN KRIEG
STREET ADDRESS	5707 DALTON COURT	1.3 STREET ADDRESS	6039 7TH AVE
CITY-ST-ZIP	NEW PORT RICHEY FL	1.4 CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	D	2.1 TITLE	VICE-PRESIDENT
NAME	TRINKO, LARRY	2.2 NAME	MARY ROSE SCHMIDT
STREET ADDRESS	110 79 MARYSVILLE STREET	2.3 STREET ADDRESS	12800 CANDLEWOOD WAY
CITY-ST-ZIP	SPRINGHILL FL	2.4 CITY-ST-ZIP	HUDSON, FL 34667
TITLE	VP	3.1 TITLE	2nd VP
NAME	KRIEG, ALBERT	3.2 NAME	H. JOE ORSKI
STREET ADDRESS	6039 7TH AVE	3.3 STREET ADDRESS	7614 SUE ELLEN DR.
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	PORT RICHEY FL 34668
TITLE	D	4.1 TITLE	
NAME	STIA, RUTH	4.2 NAME	
STREET ADDRESS	8841 CESSNA DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	
NAME	CLAEYS, HUBERT	5.2 NAME	
STREET ADDRESS	4603 SANDPOINT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	WEAVER, JOHN	6.2 NAME	
STREET ADDRESS	9312 LAKE CHRISTINA LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL	6.4 CITY-ST-ZIP	

14. I do 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 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. Diorio (Ruth A. Diorio) 813- 34667

CR2E037 (9/96)