

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90099 040 ****61.25

DOCUMENT # N34283

1. Entity Name

THE WEST PASCO ROSE SOCIETY, INC.



Principal Place of Business

7735 PARKWAY BLVD
HUDSON FL 34667
US

Mailing Address

7735 PARKWAY BLVD
HUDSON FL 34667
US

2. Principal Place of Business

1173 OVERLAND DR
Suite, Apt. #, etc.

3. Mailing Address

1173 OVERLAND DR
Suite, Apt. #, etc.



1st MOORE

CR2E037 (10/04)

City & State

SPRING HILL FL 34608
Zip 34608 Country HERNANDO

City & State

SPRING HILL FL 34608
Zip 34608 Country HERNANDO

4. FEI Number

59-2908800

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FADOUL, MARY
7735 PARKWAY BLVD
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name DIANE E FISHER
Street Address (P.O. Box Number is Not Acceptable)
1173 OVERLAND DR
City SPRING HILL FL FL Zip Code 34608

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

Diane E Fisher

4-30-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 | PD | <input checked="" type="checkbox"/> Delete |
| NAME | FADOUL, MARY | |
| STREET ADDRESS | 7735 PARKWAY BLVD | |
| CITY-ST-ZIP | HUDSON FL 34667 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | WATERS, GENE | |
| STREET ADDRESS | 4645 WESAEI DR. | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34653 | |
| TITLE | 2NDV | <input checked="" type="checkbox"/> Delete |
| NAME | WINTERS, JERRY | |
| STREET ADDRESS | 10723 OSCEOLA DR | |
| CITY-ST-ZIP | NEW PORT RICHEY FL 34654 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | LEFEURE, HEVEN | |
| STREET ADDRESS | PO BOX 361 | |
| CITY-ST-ZIP | TRILBY FL 33593 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | MACNONI, LAURA | |
| STREET ADDRESS | 2620 CABOT RD. | |
| CITY-ST-ZIP | LAND O LAKES FL 34639 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | SCHMIDT, MARY ROSE | |
| STREET ADDRESS | 12800 CANDLEWOOD WAY | |
| CITY-ST-ZIP | SPRING HILL FL 34608 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

| | | |
|----------------|--------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIANE E FISHER | |
| STREET ADDRESS | 1173 OVERLAND DR | |
| CITY-ST-ZIP | SPRING HILL FL | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | LOIS MILLER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LOIS MILLER | |
| STREET ADDRESS | 10214 KITTEN TRAIL | |
| CITY-ST-ZIP | HUDSON FL 34667 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | TREASURER | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PAT SINCLAIR | |
| STREET ADDRESS | 13500 WHITBY RD | |
| CITY-ST-ZIP | HUDSON FL 34667 | |

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Diane E Fisher, Pres.* / DIANE E. FISHER, Pres 5-1-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #