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Jun 06 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 # N93000002012 (3)

1. Corporation Name
NEW PORT RICHEY AREA STAMP CLUB, INC.

Principal Place of Business	Mailing Address
8630 WINTER HAVEN DR. HUDSON FL 34667	8630 WINTER HAVEN DR. HUDSON FL 34667-4146

3. Date Incorporated or Qualified: 05/04/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-3202750 ☐ 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

SMITH, CAROL
8630 WINTER HAVEN DR
HUDSON FL 34667

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 _____
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	OLMSTED, OTIS		1.2 NAME		
STREET ADDRESS	8331 MONACO DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGG, SHELDON		2.2 NAME		
STREET ADDRESS	P.O. BOX 1076		2.3 STREET ADDRESS	Not available	
CITY-ST-ZIP	PORT RICHEY FL		2.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GRANGER, ARTHUR		3.2 NAME		
STREET ADDRESS	P.O. BOX 631 N/A		3.3 STREET ADDRESS	Not available	
CITY-ST-ZIP	ELFERS FL 34680		3.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, CAROL		4.2 NAME		
STREET ADDRESS	8630 WINTER HAVEN DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667		4.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FODOR, CAMILLE		5.2 NAME		
STREET ADDRESS	4229 BELLE ISLE COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TUROS, JOHN		6.2 NAME		
STREET ADDRESS	11128 ISLAND PINE DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34668		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.

Carol Smith 4-29-97 813-863-2605