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04-09-1999 90047 014 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002012

1. Corporation Name

NEW PORT RICHEY AREA STAMP CLUB, INC.

312420 - 90047 - 14

Principal Place of Business	Mailing Address
C/O ELFERS SENIOR CENTER 3146 BARKER ~~GREY STREET~~ DRIVE ELFERS FL 34680-0984	P.O. BOX 684 NEW PORT RICHEY FL 34656-0684

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 3136 BARKER DRIVE	26	05/04/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3202750 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip Country 24 34690-0984 25	Zip Country 29 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FODOR, CAMILLE
4229 BELLE ISLE CT.
NEW PORT RICHEY FL 34653

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 Camille Fodor TREASURER 4-8-99
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	1.1 TITLE	VICE PRESIDENT	☐ Change ☐ Addition
NAME	BELL, WILLIAM		1.2 NAME	BROWN, LOUIS R.	
STREET ADDRESS	9412 NEW YORK AVE. #271		1.3 STREET ADDRESS	8035 WOOD BROOK COURT	
CITY-ST-ZIP	HUDSON FL 34667		1.4 CITY-ST-ZIP	HUDSON FL 34667	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROGG, SHELDON		2.2 NAME		
STREET ADDRESS	P.O. BOX 1076 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	PORT RICHEY FL 34673		2.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	GRANGER, ARTHUR		3.2 NAME	SMITH, CAROL	
STREET ADDRESS	P.O. BOX 631 N/A		3.3 STREET ADDRESS	8630 WINTER HAVEN DRIVE	
CITY-ST-ZIP	ELFERS FL 34680		3.4 CITY-ST-ZIP	HUDSON FL 34667	
TITLE	S	☒ DELETE	4.1 TITLE	S	☑ Change ☐ Addition
NAME	GONOSZ, EVELYN		4.2 NAME	PINTER, MARGARET	
STREET ADDRESS	29129 JOHNSTON RD.-LT4-19		4.3 STREET ADDRESS	4522 SEAGULL DRIVE APT 101	
CITY-ST-ZIP	DADE CITY FL 33523		4.4 CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE	T	☐ 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 34653		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	PRESIDENT	☑ 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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Camille Fodor 4-8-99 727-847-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #