

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90046 026 ****61.25

DOCUMENT # N93000002012

1. Entity Name

NEW PORT RICHEY AREA STAMP CLUB, INC.



Principal Place of Business

**C/O ELFERS SENIOR CENTER
3146 BARKER-GREY STREET
ELFERS FL 34690-0984**

Mailing Address

**P.O. BOX 684
NEW PORT RICHEY FL 34656-0684**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3202750

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**



MOORE

CR2E037 (11/03)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2004**

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 **P** ☒ Delete
NAME **KALATHUS, JAMES**
STREET ADDRESS **2618 TEMPLEWOOD DRIVE**
CITY-ST-ZIP **HOLIDAY FL 34690**

TITLE **VP** ☐ Delete
NAME **CILSICK, ED**
STREET ADDRESS **6421 MEADOWBROOK LA.**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete
NAME **ROGG, SHELDON**
STREET ADDRESS **P O BOX 1076**
CITY-ST-ZIP **PORT RICHEY FL 34673**

TITLE **S** ☐ Delete
NAME **TUROS, CAROLE**
STREET ADDRESS **11128 ISLAND PINE DR.**
CITY-ST-ZIP **PORT RICHEY FL 34688**

TITLE **T** ☐ Delete
NAME **FODOR, CAMILLE**
STREET ADDRESS **4229 BELLE ISLE COURT**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

TITLE **D** ☐ Delete
NAME **SPOERL, JACK**
STREET ADDRESS **5908 WEST LAKE DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY FL 34653**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **ARTHUR GRANGER**
STREET ADDRESS **5568 BOWLINE BEND**
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Camille Fodor* **CAMILLE FODOR**
TREASURER

3-22-04 (727) 847-4118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #