

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

FILED
Apr 07, 2005 8:00 am
Secretary of State

04-07-2005 90035 033 ****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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number 59-3202750	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FODOR, CAMILLE 4229 BELLE ISLE CT. NEW PORT RICHEY FL 34653	
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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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANGER, ARTHUR 5568 BOWLINE BEND NEW PORT RICHEY FL 34652 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CILSICK, ED 6421 MEADOWBROOK LA. NEW PORT RICHEY FL 34653 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V P MANFRED BAUER 6619 CORONET AVENUE NEW PORT RICHEY FL 34655 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROGG, SHELDON P O BOX 1076 PORT RICHEY FL 34673 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TUROS, CAROLE 11128 ISLAND PINE DR. PORT RICHEY FL 34688 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FODOR, CAMILLE 4229 BELLE ISLE COURT NEW PORT RICHEY FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOERL, JACK 5908 WEST LAKE DRIVE NEW PORT RICHEY FL 34653 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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, Treasurer **MARCH 25 2005 727-847-4118**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #