


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

APR 10/12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 OCT -7 AM 10:42

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



09292008 REIN-NP CR2E099 (1/07)

4. FEI Number 59-3202750	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$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		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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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 *Camille Fodor* TREASURER OCT 8 2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50	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 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. ED CILBIK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6421 MEADOWBROOK LANE NEW PORT RICHEY FL 34653
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BAUER, MANFRED 6619 CUNNET AVENUE NEW PORT RICHEY, FL 34655 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P. LOWKE, JOHN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2851 TORRANCE DRIVE LAND O LAKES FL 34638
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROGG, SHELDON P O BOX 1076 PORT RICHEY, FL 34673 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700136688797 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/07/08--01009--004 **61.25
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S TUROS, CAROLE 11128 ISLAND PINE DR. PORT RICHEY, FL 34688 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. FRED BLANCHARD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7909 WILLOW BROOK CT HUDSON FL 34667
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FODOR, CAMILLE 4229 BELLE ISLE COURT NEW PORT RICHEY, FL 34653 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SPOERL, JACK 5908 WEST LAKE DRIVE NEW PORT RICHEY, FL 34653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	T. ARMAND TRIVILINO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9848 KINGSFORD AVE. NEW PORT RICHEY FL 34655

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TREAS 103-08 727 847-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

New Port Richey Area Stamp Club, Inc.
P.O. Box 604
New Port Richey, FL. 34063

pgcwr

OCTOBER 3 2008

ATT: TYRONE SCOTT

DEAR SIR,

DUE TO NO FAULT OF OURS,

WE HAVE RECEIVED SOME OF OUR MAIL

AND MOSTLY OTHER PEOPLE'S MAIL SINCE

JANUARY 2008 TO DATE. I HAVE COMPLAINED

4 SEPARATE TIMES TO THE POST OFFICE.

I FINALLY REACHED THE SUPERVISOR WHO

SAID HE WOULD SPEAK TO THE GIRL IN

CHARGE OF POST BOXES. RECEIVED A

CARD FOR OUR CORPORATION STATING OUR

CORPORATION IS DISSOLVED. NOTHING ELSE.

PLEASE RE-INSTATE.

SINCERLY

Camille Ford TREASURER