2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N93000002012

Entity Name: NEW PORT RICHEY AREA STAMP CLUB, INC.

Current Principal Place of Business:

C/O ELFERS SENIOR CENTER
3146 BARKER-GREY STREET
ELFERS, FL 346900984

New Principal Place of Business:

C/O ELFERS SENIOR CENTER
3146 BARKER-GREY STREET
ELFERS, FL 34652

Current Mailing Address:

P.O. BOX 684
NEW PORT RICHEY, FL 346560684

New Mailing Address:

FEI Number: 59-3202750 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: CILSIK, ED
Address: 6421 MEADOWBROOK LANE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: P ( ) Delete
Name: LOWKE, JOHN
Address: 2851 TORRANCE DRIVE
City-St-Zip: LAND O LAKES, FL 34638

Title: D ( ) Delete
Name: ROGG, SHELDON
Address: P O BOX 1076
City-St-Zip: PORT RICHEY, FL 34673

Title: T ( ) Delete
Name: BLANCHARD, FRED
Address: 7909 WILLOW BROOK CT
City-St-Zip: HUDSON, FL 34667

Title: T ( ) Delete
Name: FODOR, CAMILLE
Address: 4229 BELLE ISLE COURT
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: T ( ) Delete
Name: TRIVILINO, ARMANO
Address: 9848 KINGSPORT AVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILLE FODOR TR 02/10/2009

Electronic Signature of Signing Officer or Director — Date