

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002303

FILED
Mar 19, 2009
Secretary of State

Entity Name: COIN CLUB OF PASCO COUNTY, INC.

Current Principal Place of Business:

REGENCY PARK CIVIC ASSOCIATION
10240 REGENCY PARK BLVD
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

COIN CLUB OF PASCO COUNTY, INC
P.O. BOX 1012
PORT RICHEY, FL 34673 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLEMENTS, JOHN W
17201 GUNN HWY
ODESSA, FL 33556 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: NIETO, ED
Address: PO BOX 3106
City-St-Zip: HOLIDAY, FL 34692

Title: DP () Delete
Name: CLEMENTS, JOHN W
Address: 17201 GUNN HWY
City-St-Zip: ODESSA, FL 33556

Title: S () Delete
Name: PARKER, THOMAS
Address: 18214 LONG LAKE DR
City-St-Zip: HUDSON, FL 34667

Title: T () Delete
Name: HEIJMANS, KARIN
Address: 5025 AVERY RD
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: NIETO, ED
Address: PO BOX 3106
City-St-Zip: HOLIDAY, FL 34692

Title: V (X) Change () Addition
Name: DAVE, DONNOLLEY
Address: 7124 SONATA DR
City-St-Zip: PORT RICHEY, FL 34668

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

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

Title: B () Change (X) Addition
Name: CLEMENTS, JOHN W
Address: 17201 GUNN HWY
City-St-Zip: ODESSA, FL 33556

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: JOHN CLEMENTS

B

03/19/2009

Electronic Signature of Signing Officer or Director

Date