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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000285 (4)**

1. Corporation Name

FLORIDA VETERANS POLITICAL ACTION COMMITTEE, INC

Principal Place of Business

Mailing Address

% JOHN C. KINNEY
9213 PEGASUS AVE.
PORT RICHEY FL 34668

% JOHN C. KINNEY
9213 PEGASUS AVE
PORT RICHEY FL 34668

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/16/1996

4. FEI Number

59-3358590

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

KINNEY, JOHN C
9213 PEGASUS AVE.
PORT RICHEY FL 34668

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OSBORNE, EUGENE	
STREET ADDRESS	9911 ISLAND HARBOR DRIVE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	HOLLINGSWORTH, JAMES	
STREET ADDRESS	7600 DEEDRA CIRCLE	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FLANAGAN, JAMES J	
STREET ADDRESS	1266 BISHOP ROAD	
CITY-ST-ZIP	SPRING HILL FL 34608	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	KINNEY, JOHN C	
STREET ADDRESS	9213 PEGASUS AVE.	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARTIN, BILL	
STREET ADDRESS	9921 ISLAND HARBOR DR.	
CITY-ST-ZIP	PORT RICHEY FL 34668	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PUENTES, PETER	
STREET ADDRESS	10230 OAK DR	
CITY-ST-ZIP	HUDSON FL 34669	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John C. Kinney RE JOHN C. KINNEY

1/6/98 813-848-6929

CR2E037 (10/97)