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Jun 18 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000000333 (1)

1. Corporation Name

PASCO COUNTY VISITORS & CONVENTION BUREAU, INC.

Principal Place of Business

GULF VIEW SQUARE MALL
9409 U.S. HIGHWAY 19
PORT RICHEY FL 34668

Mailing Address

GULF VIEW SQUARE MALL
9409 U.S. HIGHWAY 19
PORT RICHEY FL 34668



3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

59-3434435

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DAVIS, GARY L
6726 STATE ROAD 54, SUITE E
NEW PORT RICHEY FL 34853

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DEDOMENICO, KATHLEEN
STREET ADDRESS 5249 SEA FORREST DRIVE
CITY-ST-ZIP NEW PORT RICHEY FL 34852

TITLE ☐ DELETE

NAME KYLE, RICHARD
STREET ADDRESS 5316 U.S. HIGHWAY 19
CITY-ST-ZIP NEW PORT RICHEY FL 34852

TITLE ☐ DELETE

NAME TOLLE, MARK
STREET ADDRESS 10439 COPPERWOOD DR
CITY-ST-ZIP NEW PORT RICHEY FL 34854

TITLE ☐ DELETE

NAME CAMPBELL, SUSAN
STREET ADDRESS 7935 RANCH ROAD
CITY-ST-ZIP PORT RICHEY FL 34668

TITLE ☐ DELETE

NAME MADSEN, AAGE R
STREET ADDRESS 5721 GRAND BLVD
CITY-ST-ZIP NEW PORT RICHEY FL 34852

TITLE ☐ DELETE

NAME CLARK, KATHY
STREET ADDRESS 10555 MOON LAKE RD
CITY-ST-ZIP NEW PORT RICHEY FL 34854

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Executive Director
Richard Kyle
9409 Highway 19 - Suite 433
Port Richey, Florida 34668

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Director

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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

1. J. L. DAVIS

09 JUL 1998

1998

01/21/1997

CR2E037 (10/97)