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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000001216

1. Corporation Name

PORT RICHEY CHAPTER, INC.

Principal Place of Business

8546 LEO KIDD AVE.
PORT RICHEY FL 34668
US

Mailing Address

8546 LEO KIDD AVE.
PORT RICHEY FL 34668
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

02/27/1997

4. FEI Number

59-3505727

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

9. Name and Address of Current Registered Agent

VINSON, WILLIAM L
110 S. LEVIS AVE.
TARPON SPRINGS FL 34689

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 D ☒ DELETE
NAME LITTLE, BUD
STREET ADDRESS 5738 FIELDSPRING AVENUE
CITY-ST-ZIP NEW PROT RICHEY FL 34655

TITLE D ☐ DELETE
NAME WRIGHT, CARL
STREET ADDRESS 5228 DERBY AVE.
CITY-ST-ZIP SPRING HILL FL 34608

TITLE D ☒ DELETE
NAME MUSTO, TONY
STREET ADDRESS 1529 JUTLAND DR.
CITY-ST-ZIP NEW PORT RICHEY FL 34655

TITLE D ☐ DELETE
NAME MATTEI, LARRY
STREET ADDRESS 492 RANCH ROAD
CITY-ST-ZIP TARPON SPRINGS FL 34689

TITLE D ☐ DELETE
NAME WHITE, RAMONA
STREET ADDRESS 2713 LAWN PLACE
CITY-ST-ZIP HOLIDAY FL 34691

TITLE D ☐ DELETE
NAME HUDSON, VERCHEL
STREET ADDRESS 8546 LEO KIDD AVE.
CITY-ST-ZIP PORT RICHEY FL 34668

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 ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)