

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90166 004 ****61.25

DOCUMENT # N98000002487

1. Entity Name
**ANTIQUE AUTOMOBILE CLUB OF AMERICA - RICHEY
REGION, INC.**



Principal Place of Business
**8811 CESSINA DRIVE
NEW PORT RICHEY, FL 34654**

Mailing Address
**8811 CESSINA DRIVE
NEW PORT RICHEY, FL 34654**

40067023



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-2345303

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COOK, JAMES A
8811 CESSNA DR
NEW PORT RICHEY, FL 34654**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **WALKER, JOHN G**
STREET ADDRESS **13628 LANDERS DRIVE**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **V** ☒ Delete
NAME **COOK, JAMES A**
STREET ADDRESS **8811 CESSNA DRIVE**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **S** ☐ Delete
NAME **COOK, GAIL**
STREET ADDRESS **8811 CESSNA DR, E**
CITY-ST-ZIP **NEW PORT RICHEY, FL 34654**

TITLE **S** ☒ Delete
NAME **REISDORPH, SUE A**
STREET ADDRESS **10272 RAMBURN CT**
CITY-ST-ZIP **SPRING HILL, FL 34608**

TITLE **D** ☒ Delete
NAME **FRY, CLIFF**
STREET ADDRESS **15414 LITTLE RD**
CITY-ST-ZIP **HUDSON, FL 34667**

TITLE **D** ☒ Delete
NAME **MILKA, ROBERT J**
STREET ADDRESS **9722 REX STREET**
CITY-ST-ZIP **HUDSON, FL 34669**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Panuccio, Mickey**
STREET ADDRESS **12222 Magnolia Grove Lane**
CITY-ST-ZIP **Bayonet Point, FL 34667**

TITLE **VP** ☒ Change ☐ Addition
NAME **Fry, Clifford**
STREET ADDRESS **15414 Little Road**
CITY-ST-ZIP **Hudson, FL 34667**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **S** ☒ Change ☐ Addition
NAME **East, Phyllis -- Andy East is D**
STREET ADDRESS **7951 Tanglewood Drive**
CITY-ST-ZIP **New Port Richey, FL 34654**

TITLE **D** ☒ Change ☐ Addition
NAME **Ricketts, John**
STREET ADDRESS **2941 Magnolia Trace**
CITY-ST-ZIP **Tarpon Springs, FL 34688**

TITLE **D** ☒ Change ☐ Addition
NAME **Fry, Millie**
STREET ADDRESS **15414 Little Road**
CITY-ST-ZIP **Hudson, FL 34667**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-07

729-376-6655

SECRETARY