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NONPROFIT CORPORATION

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	UAL REPORT	7.7	stary of State F CORPORATIONS			
	MENT # 7602	71 (7)				
	PASCO FOUNDATION, INC) ,			come Bente mentl Albie in laie i	*****
Principal Plac	ce of Business	Mailing Address		L ORGINI CROLD BILLI BRUTH INDEL SANDI	ingt minn binn bent mint i	61614 B1811 1891
6645 RIDGE R PT. RICHEY F	ROAD. SUITE 1 FL 34668	6645 RIDGE ROAD, SU PT. RICHEY FL 34668-6				
				3. Date Incorporated or Qualified 10/05/1981	3a. Date of Last R 03/28/19	eport 996
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number 59-2261813	F-4	oplied For of Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75	
City & Stat	te	Cily & State		Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
Zip 24)	Country 25	Zip	Country 30	8. This corporation has liability for i		
<u> </u>	9. Name and Address of Curr			10. Name and Address of New Re	gistered Agent	
TABBE	NCE, ALFRED W. JR.		81 Name			
	RIDGE ROAD, SUITE 1			lress (P.O. Box Number is Not Acceptab	ole)	
PORT F	RICHEY FL 34668		83			
			84 City		FL 85 Zip	Code
			1 (
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508, Florida Sta	tutes, the above-named corps authorized by the corpora	poration submits this statement for the p		s registered
	to the provisions of Sections 617.0 registered agent, or both, in the Sta am familiar with, and accept the obl	502 and 617.1508, Florida Sta ate of Florida. Such change wa ligations of, Section 617.0503,	tutes, the aboye-named corpora is authorized by the corpora Florida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep		s registered registered
	Signature, typed or printed name of registered in	agent and title if applicable (fi	IOTE: Registored Agent signature requi	red when reinstaling)	urpose of changing it of the appointment as	
SIGNATURE	Signature, typed or printed name of registered of OFFICERS A	agont and title if applicable (A	IOTE: Registored Agent signature requi		urpose of changing it of the appointment as DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. 1114	Signature, typod or printed name of registered in OFFICERS A	agent and title if applicable (fi	AOTE : Registered Agent signature requi	red when reinstaling)	urpose of changing it of the appointment as	
SIGNATURE 12. TITLE NAME	Signature, typod or printed harm of registered in OFFICERS A SOP TORRENCE, ALFRED W.	agont and title if applicable (A	OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	red when reinstaling)	urpose of changing it of the appointment as DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typod or printed name of registered in OFFICERS A	agont and title if applicable (A	AOTE : Registered Agent signature requi	red when reinstaling)	urpose of changing it of the appointment as DATE ERS AND DIRECTOR	RS IN 12
SIGNATURE 12. 111LE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typod or printed name of registered in OFFICERS A SDP TORRENCE, ALFRED W. 6645 RIDGE ROAD PT. RICHEY FL	agont and title if applicable (A	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstaling)	urpose of changing it of the appointment as DATE ERS AND DIRECTOR	RS IN 12
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SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	Signature, typod or printed name of registered in OFFICERS AT SOP TORRENCE, ALFRED W. 6645 RIDGE ROAD PT. RICHEY FL TO PARTIN, CHARLES S. 128 MAIN STREET E.	agont and title if applicable (N NND DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY: ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	red when reinstaling)	Urpose of changing in the appointment as DATE ERS AND DIRECTOR	RS IN 12
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among the control of the same report of supplemental annual report is true and accorded and that my signature shall have the same legal effect of the corporation or the receiver or fusiles empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address.

813-845-6324