

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **N38016** (4)

95 JAN 23 AM 9:13

1. Corporation Name
PASCO FAMILY PROTECTION TEAM, INC.

Principal Place of Business Mailing Address
7511 LITTLE RD. BLDG. C. NEW PORT RICHEY FL 34654
7511 LITTLE RD. BLDG. C. NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/07/1990** 3a. Date of Last Report **04/15/1994**
4. FEI Number **59-3010807** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRICK, PETER O.
9436 REGENCY PARK BLVD.
PORT RICHEY FL 34668

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MARTIN, KEN
STREET ADDRESS	7350 STATE ROAD 52
CITY-ST-ZIP	BAYONET POINT FL
TITLE	DV
NAME	HILDEBRAND, ANN
STREET ADDRESS	7530 LITTLE ROAD
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	DT
NAME	HAMMOND, KEITH
STREET ADDRESS	6840 CONGRESS ST.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	DT
NAME	PETERS, MICHAEL
STREET ADDRESS	11838 LITTLE RD.
CITY-ST-ZIP	NEW PORT RICHEY FL
TITLE	DP
NAME	BROWN, MARY BETH
STREET ADDRESS	7505 ROTTINGHAM RD.
CITY-ST-ZIP	PT. RICHEY FL
TITLE	D
NAME	SMITH, PHILLIP
STREET ADDRESS	1807 SOUTH BLVD.
CITY-ST-ZIP	NEW PORT RICHEY FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Roseann Smithwick
5.3 STREET ADDRESS	8123-4 Ridge Rd.
5.4 CITY-ST-ZIP	Port Richey, Fl.
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jack Donovan
6.3 STREET ADDRESS	5936 Central Ave.
6.4 CITY-ST-ZIP	New Port Richey, Fl.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *E. Kenneth Martin Jr.* President of Board 1-17-95 849-9601
E. Kenneth MARTIN JR. Date Original Filing #