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Mar 26 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 # N38016 (4)  
1. Corporation Name  
PASCO FAMILY PROTECTION TEAM, INC.



Principal Place of Business: 7511 LITTLE RD. BLDG. C. NEW PORT RICHEY FL 34854  
Mailing Address: 7511 LITTLE RD. BLDG. C. NEW PORT RICHEY FL 34854

3. Date Incorporated or Qualified: 05/07/1990  
4. FEI Number: 59-3010807  
Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
7. Is this nonprofit corporation a homeowners association?  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

9. Name and Address of Current Registered Agent: HAMMOND, KEITH, 6008 MAIN ST, NEW PORT RICHEY FL 34653

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MARTIN, KEN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, KEN	1.2 NAME	Mike Peters
STREET ADDRESS	7350 STATE ROAD 52	1.3 STREET ADDRESS	11836 Little Road
CITY-ST-ZIP	BAYONET POINT FL	1.4 CITY-ST-ZIP	New Port Richey, FL. 34639
TITLE	D HILDEBRAND, ANN <input type="checkbox"/> DELETE	2.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDEBRAND, ANN	2.2 NAME	Rosanne Smithwick
STREET ADDRESS	7530 LITTLE ROAD	2.3 STREET ADDRESS	5445 Richey Dr.
CITY-ST-ZIP	NEW PORT RICHEY FL	2.4 CITY-ST-ZIP	Post Office Box 923 New Port Richey, FL. 34673-0923 34652
TITLE	D HAMMOND, KEITH <input type="checkbox"/> DELETE	3.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMMOND, KEITH	3.2 NAME	Jennifer Smith
STREET ADDRESS	6008 MAIN ST	3.3 STREET ADDRESS	23333 Club Villas Drive
CITY-ST-ZIP	NEW PORT RICHEY FL	3.4 CITY-ST-ZIP	Land O' Lakes, FL. 34639
TITLE	D PETERS, MICHAEL <input type="checkbox"/> DELETE	4.1 TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETERS, MICHAEL	4.2 NAME	Harold Sample
STREET ADDRESS	11836 LITTLE RD.	4.3 STREET ADDRESS	8700 Citizen Drive
CITY-ST-ZIP	NEW PORT RICHEY FL	4.4 CITY-ST-ZIP	New Port Richey, FL. 34654
TITLE	DP SMITHWICK, ROSEANN <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITHWICK, ROSEANN	5.2 NAME	
STREET ADDRESS	P O BOX 923	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 23	5.4 CITY-ST-ZIP	
TITLE	DV DONOVAN, JACK <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONOVAN, JACK	6.2 NAME	
STREET ADDRESS	5936 CENTRAL AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL	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: \_\_\_\_\_ 813-862-3519

CR2E037 (10/97)

**PASCO FAMILY PROTECTION TEAM, INC.**

7511 Little Road, Bldg. C  
Pasco Professional Plaza  
New Port Richey, FL 34654-5531  
(813) 845-8080 • FAX # (813) 848-1292

LIST OF BOARD OF DIRECTORS

Michael Peters, President  
C/O State Farm Insurance  
11836 Little Road  
New Port Richey, FL. 34639

Joel Goldberg, DDS - Director  
6640 Embassy Boulevard  
Port Richey, FL. 34667

Rosanne Smithwick, Vice President  
Post Office Box 923  
Port Richey, FL. 34673-0923

Commissioner, Ann Hildrebrand-Director  
7530 Little Road  
New Port Richey, FL. 34654

Jennifer Smith, Secretary  
23333 Club Villas Drive  
Land O' Lakes, FL. 34639

Phyllis Hagedorn, Director  
7150 Tanglewood Drive  
New Port Richey, FL. 34654

Harold Sample, Treasurer  
C/O Pasco Co. Sheriff's Office  
8700 Citizen Drive  
New Port Richey, FL. 34654

Keith Hammond, Esq. - Director  
6008 Main Street  
New Port Richey, FL. 34654

Mike Waters, Director  
C/O Suntrust Bank  
5435 Gall Boulevard  
Port Richey, FL. 33539

Dr. Marc Yacht, Director  
Public Health Unit Director  
Pasco Co. Health Dept.  
10841 Little Road  
New Port Richey, FL. 34654