


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90105 016 \*\*\*\*61.25

0071462

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N38016**

1. Corporation Name  
**PASCO FAMILY PROTECTION TEAM, INC.**

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/07/1990
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3010807 59-3010809
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Country 29	Trust Fund Contribution <input type="checkbox"/>
	Zip 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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP	<input type="checkbox"/> DELETE	1.1 TITLE DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETERS, MIKE		1.2 NAME Smith, Jennifer	
STREET ADDRESS 11836 LITTLE RD		1.3 STREET ADDRESS 23333 Club Villas Drive	
CITY-ST-ZIP NEW PORT RICHEY FL 34639		1.4 CITY-ST-ZIP Land O' Lakes, FL 34639	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HILDEBRAND, ANN		2.2 NAME Smithwick, Rosanne	
STREET ADDRESS 7530 LITTLE ROAD		2.3 STREET ADDRESS 5445 Richey Drive	
CITY-ST-ZIP NEW PORT RICHEY FL		<b>New Port Richey, FL 34652</b>	
TITLE D		DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HAMMOND, KEITH		Tim Howells	
STREET ADDRESS 6008 MAIN ST		11905 Oak Trail Way	
CITY-ST-ZIP NEW PORT RICHEY FL		Port Richey, FL 34668	
TITLE D			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PETERS, MICHAEL			
STREET ADDRESS 11836 LITTLE RD.			
CITY-ST-ZIP NEW PORT RICHEY FL			
TITLE DP			<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 DS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SMITH, JENNIFER		6.2 NAME	
STREET ADDRESS 23333 CLUB VILLAS DR		6.3 STREET ADDRESS	
CITY-ST-ZIP LAND O LAKES FL 34639		6.4 CITY-ST-ZIP	

*Peters, Michael listed as - Current position is DP ← Delete*

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

CR2E037 (1/98)