

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 15, 2004
Secretary of State**

DOCUMENT# N38016

Entity Name: PASCO KIDS FIRST, INC.

Current Principal Place of Business:

7615 LITTLE ROAD
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

7615 LITTLE ROAD
NEW PORT RICHEY, FL 34654

New Mailing Address:

FEI Number: 59-3010809 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HAMMOND, KEITH
9436 REGENCY PARK BOULEVARD
PORT RICHEY, FL 34668 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SMITH, JENNIFER
Address: 7227 LAND O' LAKES BOULEVARD
City-St-Zip: LAND O' LAKES, FL 34639

Title: P () Delete
Name: SAMPLE, HAROLD
Address: 3482 O'BERRY ROAD
City-St-Zip: DADE CITY, FL 33523

Title: S () Delete
Name: YACHT, MARC
Address: 10841 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: SMITHWICK, ROSANNE
Address: 5445 RICHEY DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: HILDEBRAND, ANN
Address: 7530 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D () Delete
Name: PETERS, MIKE
Address: 11836 LITTLE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HAROLD SAMPLE

P

03/15/2004

Electronic Signature of Signing Officer or Director

_____ Date

FELICIA BARKER
36727 BLANTON ROAD
DADE CITY, FL 33523

DR. CINDY LEE
17652 D JAMESTOWN WAY
LUTZ, FL 33558

DR. CHRISTINE L. NELSON
8724 BENTON DRIVE
PORT RICHEY, FL 34668

LT. PHYLLIS DAVIS
PASCO CO. SHERIFFS OFFICE
8700 CITIZENS DRIVE
NEW PORT RICHEY, FL 34654

KEITH HAMMOND
9435 REGENCY PARK BOULEVARD
PORT RICHEY, FL 34668

KAY HOBBS, DIRECTOR
5946 MAIN STREET
NEW PORT RICHEY, FL 34652

REV. DAVID MILLER, DIRECTOR
C/O HOPE UNITED METHODIST CHURCH
2200 LITTLE ROAD
NEW PORT RICHEY, FL 34654