

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90207 007 ****61.25

DOCUMENT # *N93000003568*
1. Entity Name
*PASCO COUNTY NATIONAL ORGANIZATION
FOR WOMEN, INC*



DO NOT WRITE IN THIS SPACE

94070444

2. Principal Place of Business
8851 GREENLEAF CT
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 1281
Suite, Apt. #, etc.

City & State
Port Richey

City & State
New Port Richey, FL

Zip
34668

Country
USA

Zip
34656

Country
USA

4. FEI Number
59-3210459

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DORIS ROSEN

Street Address (P.O. Box Number is Not Acceptable)
8851 GREENLEAF COURT

City
Port Richey

FL

Zip Code
34668

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>SD ROSS, JOANN 9822 SAN SEBASTIAN PORT RICHEY FL 34668</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>D ROSEN, DORIS 8851 GREENLEAF CT PORT RICHEY, FL 34668</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>T ESTRIN, ROSALYN 8601 HONEYBEE LANE PORT RICHEY, FL 34668</i>
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris S. Rosen, DORIS S. ROSEN* *4/21/04* *727 845-7100*

CR2E037B (12/02)