


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2008 08:00 AM
Secretary of State

| | | | | | | |
|---|--------------------------|---|--|------------------------------------|-------------|----------------|
| DOCUMENT # N93000003568 1. Entity Name PASCO COUNTY NATIONAL ORGANIZATION FOR WOMEN, INC. | |  | | | | |
| Principal Place of Business 8851 GREENLEAF COURT PORT RICHEY FL 34668 US | | Mailing Address P. O. BOX 1281 NEW PORT RICHEY FL 34656 | | | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | | |
| City & State | | City & State | | | | |
| Zip | Country | Zip | 4. FEI Number 59-3210459 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="width: 50px;">Applied For</td> </tr> <tr> <td>Not Applicable</td> </tr> </table> | | Applied For | Not Applicable |
| Applied For | | | | | | |
| Not Applicable | | | | | | |
| 6. Name and Address of Current Registered Agent ROSEN, DORIS 8851 GREENLEAF COURT PORT RICHEY FL 34668 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | | | | |
| 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 is required when re-registering) _____ DATE _____ | | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | | |
| Make Check Payable to Florida Department of State | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | ROSEN, DORIS | | NAME | | | |
| STREET ADDRESS | 8851 GREENLEAF CT | | STREET ADDRESS | | | |
| CITY- ST- ZIP | PORT RICHEY FL 34668 | | CITY- ST- ZIP | | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | MARISSA, MICHELLE | | NAME | | | |
| STREET ADDRESS | 4156 WOODTRL BLVD | | STREET ADDRESS | | | |
| CITY- ST- ZIP | NEW PORT RICHEY FL 34653 | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | | |
| NAME | | | NAME | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | |
| CITY- ST- ZIP | | | CITY- ST- ZIP | | | |



1st MOORE CR2E037 (10/07)

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02/28/08-80053-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris S. Rosen* **DORIS S. ROSEN** 2/17/08 127 845-7100