

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 27, 2009  
Secretary of State**

DOCUMENT# N93000003568

**Entity Name:** PASCO COUNTY NATIONAL ORGANIZATION FOR WOMEN, INC.

**Current Principal Place of Business:**

8851 GREENLEAF COURT  
PORT RICHEY, FL 34668 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1281  
NEW PORT RICHEY, FL 34656

**New Mailing Address:**

FEI Number: 59-3210459      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSEN, DORIS  
8851 GREENLEAF COURT  
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: P ( ) Delete  
Name: ROSEN, DORIS  
Address: 8851 GREENLEAF CT  
City-St-Zip: PORT RICHEY, FL 34668

Title: T ( ) Delete  
Name: MARISSA, MICHELLE  
Address: 4156 WOODTRL BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34653 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 exemption stated in Chapter 119, 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: DORIS S. ROSEN

PRES

04/27/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date