

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000004032 (5)
 1. Corporation Name
PASCO FINE ARTS COUNCIL, INC.



Principal Place of Business 5744 MOOG RD HOLIDAY FL 34680	Mailing Address 5744 MOOG RD HOLIDAY FL 34690
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3. Date Incorporated or Qualified
07/14/1997

4. FEI Number 59-1890812	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

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

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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**VANTILBURG, JOAN SAUNDERS
 6341 LEEWARD LANE
 NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81. Name John Stewart
82. Street Address (P.O. Box Number is Not Acceptable) 5435 Main Street
83. City New Port Richey
84. State FL
85. Zip Code 34652

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: *[Signature]* DATE: **3/10/98**

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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D Allyson Hughes
STREET ADDRESS		1.3 STREET ADDRESS	7604 Massachusetts Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New Port Richey, FL 34653 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	D Stephen Noel
NAME		2.2 NAME	7935 Slate Court
STREET ADDRESS		2.3 STREET ADDRESS	New Port Richey, FL 34654 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	D Mardi Fitzgerald
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	5108 Sunset Road
NAME		3.2 NAME	Port Richey, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		3.3 STREET ADDRESS	D Charles Partin
CITY-ST-ZIP		3.4 CITY-ST-ZIP	37244 Meridian
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Dade City, FL 33525 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	D Pam Chesnut
STREET ADDRESS		4.3 STREET ADDRESS	10220 US 19
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Port Richey, FL 34668 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D Shirley Zippert
NAME		5.2 NAME	7804 Niagara Drive
STREET ADDRESS		5.3 STREET ADDRESS	Port Richey, FL 34668
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(1), 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 both, in attachment with an address.

SIGNATURE: *[Signature]* DATE: **3/10/98**

CR2E037 (10/97)