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NONPROFIT
CORPORATION
ANNUAL REPORT
1999

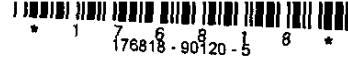


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004032

1. Corporation Name

PASCO FINE ARTS COUNCIL, INC.



Principal Place of Business

5744 MOOG RD
HOLIDAY FL 34690

Mailing Address

5744 MOOG RD
HOLIDAY FL 34690



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/14/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1890812	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29		30	
Country		Country			
25		29		30	

9. Name and Address of Current Registered Agent

STEWART, JOHN
5435 MAIN ST
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 34690
83	
84 City	
Holiday, FL	

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 *Marjorie M. Golub*

(NOTE: Registered Agent signature required when reinstating)

2/9/99

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUGHES, ALLYSON	1.2 NAME	P/d
STREET ADDRESS	7604 MASSACHUSETTS AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34653	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOEL, STEPHEN	2.2 NAME	T/D
STREET ADDRESS	7935 SLATE CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 34654	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FITZGERALD, MARDI	3.2 NAME	V/D
STREET ADDRESS	5108 SUNSET RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTIN, CHARLES	4.2 NAME	
STREET ADDRESS	37244 MERIDIAN	4.3 STREET ADDRESS	7335 Candlelight Court
CITY-ST-ZIP	DADE CITY FL 33525	4.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHESNUT, PAM	5.2 NAME	
STREET ADDRESS	10220 U S 19	5.3 STREET ADDRESS	6331 Garland Court
CITY-ST-ZIP	PORT RICHEY FL 34668	5.4 CITY-ST-ZIP	New Port Richey, FL 34652
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIPPERT, SHIRLEY	6.2 NAME	
STREET ADDRESS	7804 NIAGARA DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT RICHEY FL 34668	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 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED 2/9/99 (227)8428227

572571

CR2E037 (1/98)

176818-9620-5
N9700004032

PASCO FINE ARTS COUNCIL
DOCUMENT #97000004032

#13 - Additional Officers and Directors

TITLE: D
NAME Ann Hildebrand
STREET 7530 Little Road
CITY-ST-ZIP New Port Richey, FL 34654

TITLE: D
NAME Vahak Sarkis
STREET 3137 Honeymoon Lane
CITY-ST-ZIP Holiday, FL 34691

TITLE: D
NAME Joan Saunders
STREET 5341 Leeward Lane
CITY-ST-ZIP New Port Richey, FL 34652

TITLE: D
NAME John Stewart
STREET 5435 Main Street
CITY-ST-ZIP New Port Richey, FL 34652

TITLE: D
NAME Pat Mulieri
STREET 7530 Little Road
CITY-ST-ZIP New Port Richey, FL 34654

TITLE: D
NAME Sister Candice Tucci
STREET St. Leo College / PO Box 2187
CITY-ST-ZIP St. Leo, FL 33574

TITLE: D
NAME Diane P. Heiler
STREET 4334 Harborpoint Drive
CITY-ST-ZIP Port Richey, FL 34668