

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

04 FEB 16 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01112004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1890812 Applied For
Not Applicable

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

DOCUMENT # N97000004032

1. Entity Name
PASCO FINE ARTS COUNCIL, INC.



Principal Place of Business

5744 MOOG RD
HOLIDAY, FL 34690

Mailing Address

5744 MOOG RD
HOLIDAY, FL 34690

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GOLUB, MARJORIE M
5744 MOOG ROAD
HOLIDAY, FL 34690

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HUGHES, ALLYSON 7604 MASSACHUSETTS AVE NEW PORT RICHEY, FL 34653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NOEL, STEPHEN 7935 SLATE CT NEW PORT RICHEY, FL 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FITZGERALD, MARDI 5108 SUNSET RD PORT RICHEY, FL 34668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARTIN, CHARLES 7335 CANDLELIGHT COURT NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/21/04-80001-007 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Allyson Hughes

1/14/04

(727)845-7322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #