

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004032

FILED  
Apr 18, 2008  
Secretary of State

Entity Name: PASCO FINE ARTS COUNCIL, INC.

**Current Principal Place of Business:**

5744 MOOG RD  
HOLIDAY, FL 34690

**New Principal Place of Business:**

5744 MOOG RD  
HOLIDAY, FL 34690 US

**Current Mailing Address:**

5744 MOOG RD  
HOLIDAY, FL 34690

**New Mailing Address:**

5744 MOOG RD  
HOLIDAY, FL 34690 US

FEI Number: 59-1890812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LARSEN, ANN  
5744 MOOG ROAD  
HOLIDAY, FL 34690 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: DP ( ) Delete  
Name: SAUNDERS, JOAN  
Address: 7507 WOOD BOX ROW  
City-St-Zip: BAYONET POINT, FL 34667 US

Title: TD ( ) Delete  
Name: NOEL, STEPHEN  
Address: 7935 SLATE CT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: DV ( ) Delete  
Name: SARKIS, VAHAK  
Address: 2247 PLEASANT HILL LANE  
City-St-Zip: NEW PORT RICHEY, FL 34691 US

Title: D ( ) Delete  
Name: BUTLER, DOUG  
Address: 10230 RIDGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: D ( ) Delete  
Name: PARTIN, CHARLES  
Address: 7335 CANDLELIGHT COURT  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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

Title: DP (X) Change ( ) Addition  
Name: BUTLER, DOUGLAS  
Address: 10230 RIDGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SAUNDERS, JOAN  
Address: 7507 WOOD BOX ROW  
City-St-Zip: BAYONET POINT, FL 34667 US

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: ANN LARSEN

ED

04/18/2008

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

\_\_\_\_\_  
Date