

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# N97000004032

Entity Name: PASCO FINE ARTS COUNCIL, INC.

Current Principal Place of Business:

5744 MOOG RD
HOLIDAY, FL 34690 US

New Principal Place of Business:

Current Mailing Address:

5744 MOOG RD
HOLIDAY, FL 34690 US

New Mailing Address:

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: BUTLER, DOUGLAS
Address: 10230 RIDGE ROAD
City-St-Zip: NEW PORT RICHEY, FL 34654 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: SAUNDERS, JOAN
Address: 7507 WOOD BOX ROW
City-St-Zip: BAYONET POINT, FL 34667 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANN LARSEN

ED

03/20/2009

Electronic Signature of Signing Officer or Director

Date