

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004032

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**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  
Name: BUTLER, DOUGLAS  
Address: 10230 RIDGE ROAD  
City-St-Zip: NEW PORT RICHEY, FL 34654 US

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

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

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

Title: D  
Name: LANGFORD, BOB  
Address: 5603 WYOMING AVE  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby 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 all other like empowered.

SIGNATURE: ANN LARSEN

ED

04/28/2010

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

\_\_\_\_\_  
Date