

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90270 009 ****61.25

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
---	---

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1890812	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLUB, MARJORIE M
5744 MOOG ROAD
HOLIDAY FL 34690

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ~~NO SIGNATURE REQUIRED~~ 2/11/03 727-845-7322

CR2E037 (10/02)