


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N99000006507**  
 1. Entity Name  
**PASCO COUNCIL OF CHAMBERS, INC.**



Principal Place of Business      Mailing Address  
**38550 5TH AVENUE**      **38550 5TH AVENUE**  
**ZEPHYRHILLS, FL 33540**      **ZEPHYRHILLS, FL 33540**



03142006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3646110**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMITH, PHYLLIS S**  
**14112-8TH STREET**  
**DADE CITY, FL 33525**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

U00000472513  
 03/29/06-80039-019 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, PHYLLIS S
STREET ADDRESS	14112-8TH STREET
CITY-ST-ZIP	DADE CITY, FL 33525
TITLE	D
NAME	FRENCH, DONNA
STREET ADDRESS	38550-5TH AVE
CITY-ST-ZIP	ZEPHYRHILLS, FL 33525
TITLE	D
NAME	DUNKLEY, KATHY
STREET ADDRESS	2810 LAND O'LAKES BLVD
CITY-ST-ZIP	LAND O LAKES, FL 34639
TITLE	D
NAME	ALPINE, JOE
STREET ADDRESS	5443 MAIN ST
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	BASSINGER, ELAYNE
STREET ADDRESS	5450 BRUCE B DOWNS BLVD #408
CITY-ST-ZIP	WESLEY CHAPLE, FL 33543
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *Phyllis S. Smith*      **Phyllis S. Smith**      **3-13-06**      **882-567-3769**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #