

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000001383 (9)**

1. Corporation Name

**WEST PASCO CHRISTIAN SCHOOLS, INC.**



Principal Place of Business

**5346 ACORN STREET  
NEW PORT RICHEY FL 34652  
US**

Mailing Address

**5346 ACORN STREET  
NEW PORT RICHEY FL 34652  
US**

3. Date Incorporated or Qualified  
**03/22/1993**

3a. Date of Last Report  
**08/11/1995**

2. Principal Place of Business

21 **4923 DARLINGTON RD**

2a. Mailing Address

26 **P.O. Box 1283**

4. FEI Number  
**59-3178641**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

City & State

23 **HOLIDAY**

City & State

28 **New Port Richey FL**

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

Zip

24 **34690**

Country

25 **USA**

Zip

29 **34656**

Country

30 **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CARTER, BRENDA J  
5346 ACORN STREET  
NEW PORT RICHEY FL 34652**

10. Name and Address of New Registered Agent

81 Name **Dr. Joseph A. CERRETA**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**4923 DARLINGTON RD**  
83  
84 City **HOLIDAY** FL 85 Zip Code **34690**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]*

**Dr. Joseph A. CERRETA, Pres**

**4/16/96**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BOND, DONALD R</b>	
STREET ADDRESS	<b>6705 DAMASCUS STREET</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>PDC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CARTER, BRENDA J</b>	
STREET ADDRESS	<b>6556 RIVER ROAD</b>	
CITY-ST-ZIP	<b>NEW PORT RICHEY FL 34652</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>BASAK, JACQUELINE A</b>	
STREET ADDRESS	<b>7504 HIGH PINES COURT</b>	
CITY-ST-ZIP	<b>PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CUBBAGE, PATRICIA</b>	
STREET ADDRESS	<b>4102 OAK LAWN COURT</b>	
CITY-ST-ZIP	<b>TAMPA FL 33603</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P/CID</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Dr. JOSEPH A. CERRETA</b>	
1.3 STREET ADDRESS	<b>6050 CALIBER COURT</b>	
1.4 CITY-ST-ZIP	<b>NEW Port Richey FL 34655</b>	
2.1 TITLE	<b>V/D</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DANA MAUREEN CERRETA</b>	
2.3 STREET ADDRESS	<b>6050 CALIBER COURT</b>	
2.4 CITY-ST-ZIP	<b>New Port Richey FL 34655</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

**Dr. Joseph A. Cerreta, Pres**

**4/16/96**

**813-847-5600**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)