


**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90103 025 \*\*\*\*61.25

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

|   |         |   |         |
|---|---------|---|---------|
| <b>DOCUMENT # N04000004383</b>  |         |    |         |
| 1. Entity Name<br><b>PASCO SHERIFF'S CHARITIES, INC.</b>  |         |   |         |
| Principal Place of Business<br><b>8700 CITIZEN DRIVE<br/>NEW PORT RICHEY, FL 34655</b>  |         | Mailing Address<br><b>8700 CITIZEN DRIVE<br/>NEW PORT RICHEY, FL 34655</b>  |         |
| 2. Principal Place of Business  |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.   |         | Suite, Apt. #, etc.   |         |
| City & State  |         | City & State  |         |
| Zip   | Country | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>KIMBROUGH, BOB<br/>8700 CITIZEN DRIVE<br/>NEW PORT RICHEY, FL 34655</b>   |         | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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.<br>SIGNATURE: <u><i>Robert W. Kimbrough</i></u> DATE: <u>7/18/05</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |         |   |         |
| Filing Fee is \$61.25<br>Due by September 7, 2005   |         | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees   |         |
| 10. OFFICERS AND DIRECTORS  |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |         |
| TITLE: <b>President/Chairman</b> <input type="checkbox"/> Delete<br>NAME: <b>Bob Kimbrough</b><br>STREET ADDRESS: <b>Same</b><br>CITY-ST-ZIP: <b>Same</b>   |         | TITLE: <b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>NAME: <b>MIKE STONE</b><br>STREET ADDRESS: <b>Same</b><br>CITY-ST-ZIP: <b>Same</b> |         |
| TITLE: <b>Vp &amp; Chairman</b> <input type="checkbox"/> Delete<br>NAME: <b>ALVIN NIEDHUIS</b><br>STREET ADDRESS: <b>Same</b><br>CITY-ST-ZIP: <b>Same</b>   |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>  |         |
| TITLE: <b>SECRETARY</b> <input type="checkbox"/> Delete<br>NAME: <b>PAM CHESNUT</b><br>STREET ADDRESS: <b>Same</b><br>CITY-ST-ZIP: <b>Same</b>  |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>  |         |
| TITLE: <b>TREASURER</b> <input type="checkbox"/> Delete<br>NAME: <b>ALAN HERRIN</b><br>STREET ADDRESS: <b>Same</b><br>CITY-ST-ZIP: <b>Same</b>  |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>  |         |
| TITLE: <b>DIRECTOR</b> <input type="checkbox"/> Delete<br>NAME: <b>BOB WHITE</b><br>STREET ADDRESS: <b>Same</b><br>CITY-ST-ZIP: <b>Same</b>   |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>  |         |
| TITLE: <b>DIRECTOR</b> <input type="checkbox"/> Delete<br>NAME: <b>MARY ANNE BUCKE</b><br>STREET ADDRESS: <b>Same</b><br>CITY-ST-ZIP: <b>Same</b>   |         | TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME:<br>STREET ADDRESS:<br>CITY-ST-ZIP:<br>  |         |
| 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.<br>SIGNATURE: <u><i>Robert W. Kimbrough</i></u> DATE: <u>7/18/05</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> |         |   |         |