


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90110 022 ****61.25

DOCUMENT # N04000004383 1. Entity Name PASCO SHERIFF'S CHARITIES, INC.	
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Principal Place of Business 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654	Mailing Address 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34654
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address P.O. Box 1746 Suite, Apt. #, etc.
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City & State LAND O' LAKES, FL	City & State LAND O' LAKES, FL
Zip 34639	Country USA

6. Name and Address of Current Registered Agent KIMBROUGH, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655 34654	
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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 _____ Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC KIMBROUGH, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC NIENHUIS, ALVIN 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PHAYRE, TERRY 8700 CITISEN DR. NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CITIZEN DR 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HERRING, ALAN 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, BOB 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34654
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURKE, MARY ANN 8700 CITIZEN DRIVE NEW PORT RICHEY, FL 34655 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34654

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: <u>Alan R. Herring</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	ALAN R. HERRING Date 1/31/07 (93) 235 6006
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ATTACHMENT

1 of 2

60012105



01232007 Chg-NP CR2E037 (12/06)

4. FEI Number 20-1395653 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KIMBROUGH, BOB
8700 CITIZEN DRIVE
NEW PORT RICHEY, FL 34655 34654

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

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	PC	<input type="checkbox"/> Delete
NAME	KIMBROUGH, BOB	
STREET ADDRESS	8700 CITIZEN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	NIENHUIS, ALVIN	
STREET ADDRESS	8700 CITIZEN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	S	<input type="checkbox"/> Delete
NAME	PHAYRE, TERRY	
STREET ADDRESS	8700 CITISEN DR.	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34654	
TITLE	T	<input type="checkbox"/> Delete
NAME	HERRING, ALAN	
STREET ADDRESS	8700 CITIZEN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHITE, BOB	
STREET ADDRESS	8700 CITIZEN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURKE, MARY ANN	
STREET ADDRESS	8700 CITIZEN DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Terry Edmonson	
STREET ADDRESS	1034 Skipper Rd.	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mike Stone	
STREET ADDRESS	7512 Ridge Rd.	
CITY-ST-ZIP	Port Richey, FL 34668	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Booth	
STREET ADDRESS	7510 Ridge Rd.	
CITY-ST-ZIP	Port Richey, FL 34668	
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 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:

Alan R. Herring ALAN R. HERRING

1/31/07

(913) 235 0006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #