2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# N04000004383

Entity Name: PASCO SHERIFF'S CHARITIES, INC.

Current Principal Place of Business:

8700 CITIZEN DRIVE
NEW PORT RICHEY, FL 34654

New Principal Place of Business:

Current Mailing Address:

P O BOX 1746
LAND O LAKES, FL 34639

New Mailing Address:

FEI Number: 20-1395653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NIENHUIS, AL
8700 CITIZEN DRIVE
NEW PORT RICHEY, FL 34654 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: NIENHUIS, ALVIN
Address: 8700 CITIZEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: S ( ) Delete
Name: PHAYRE, TERRY
Address: 8700 CITIZEN DR
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: T ( ) Delete
Name: HERRING, ALAN
Address: 8700 CITIZEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete
Name: WHITE, BOB
Address: 8700 CITIZEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: D ( ) Delete
Name: BURKE, MARY ANN
Address: 8700 CITIZEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: BECKMAN, ED
Address: 8700 CITIZEN DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34654

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN HERRING T 01/09/2009

Electronic Signature of Signing Officer or Director — Date