

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000004383

**Entity Name:** PASCO SHERIFF'S CHARITIES, INC.**Current Principal Place of Business:**8700 CITIZEN DRIVE  
NEW PORT RICHEY, FL 34654**Current Mailing Address:**P O BOX 1743  
PORT RICHEY, FL 34673 US**FEI Number:** 20-1395653**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHAYRE, TERRY  
8700 CITIZEN DRIVE  
NEW PORT RICHEY, FL 34654 US*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**Officer/Director Detail :**

Title	P
Name	PHAYRE, TERRY
Address	8700 CITIZEN DR
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	D
Name	EDMONSON, TERRANCE
Address	8700 CITIZEN DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	SECRETARY
Name	SPREADBURY, MICHELLE
Address	P O BOX 1746
City-State-Zip:	LAND O LAKES FL 34639

Title	T
Name	VAN STEEN, RICHARD
Address	8700 CITIZEN DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34654

Title	DIRECTOR
Name	NOCCO, CHRIS
Address	P O BOX 1746
City-State-Zip:	LAND O LAKES FL 34639

Title	D
Name	COCHRAN, RICHARD
Address	8700 CITIZEN DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34654

*I hereby 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 all other like empowered.*

**SIGNATURE: RICHARD VAN STEEN****TREASURER****05/10/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date