

2013 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 1746
LAND O LAKES, FL 34639**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	WHITE, BOB
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	T
Name	HERRING, ALAN
Address	8700 CITIZEN DRIVE
City-State-Zip:	NEW PORT RICHEY FL 34654

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

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

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: ALAN HERRING**TREASURER****04/01/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date