

2022 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:**KALLER, NICK
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:** NICK KALLER

01/25/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name GONZALEZ COLON , GISELA
Address 8700 CITIZEN DRIVE
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 DIRECTOR
Name NOCCO, CHRIS
Address P O BOX 1746
City-State-Zip: LAND O LAKES FL 34639

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

Title PRESIDENT
Name KALLER, NICK
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

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

Title DIRECTOR
Name SCHAEER, SKIP
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name DANIELS, CHASE
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

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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: MICHELLE SPREADBURY**SECRETARY**

01/25/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENSHILWOOD, WILLIAM
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name FARRELL, TINA
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name MOORE, LINDSAY
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name ASTORQUIZA, ASHLEY
Address 8700 CITIZEN DR
City-State-Zip: NEW PORT RICHEY FL

Title DIRECTOR
Name BOOTH, STEVE
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name LUCAS, JEFF
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name PRATICO, STEVE
Address 8700 CITIZEN DRIVE
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR
Name BROWN, BRIAN
Address 8700 CITIZEN DR
City-State-Zip: NEW PORT RICHEY FL