

**2023 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:**DANIELS, CHASE  
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:** CHASE DANIELS

01/24/2023

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

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

Title            DIRECTOR  
Name           BOOTH, STEVE  
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:** GISELA GONZALEZ COLON

TREASURER/DIRECTOR

01/24/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name FARRELL, TINA  
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

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

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