

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003546

FILED
Jan 25, 2015
Secretary of State
CC5073896951

Entity Name: EAST PASCO USBC ASSOCIATION INC.

Current Principal Place of Business:

37108 MERIDIAN AVENUE
DADE CITY, FL 33525

Current Mailing Address:

P. O. BOX 1385
DADE CITY, FL 33526-1385 US

FEI Number: 20-3540814

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AUTON, KATHERYN M
37108 MERIDIAN AVENUE
DADE CITY, FL 33525 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: KATHERYN M. AUTON

01/25/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRES
Name	FREED, RICHARD
Address	34938 LOUISE RD
City-State-Zip:	DADE CITY FL 33523
Title	ASSN. MGR. & DIRECTOR
Name	AUTON, KATHERYN M
Address	P. O. BOX 1385
City-State-Zip:	DADE CITY FL 33526-1385
Title	DIRECTOR
Name	KNIPPER, ESTA
Address	30744 MIDTOWN COURT
City-State-Zip:	WESLEY CHAPEL FL 33545
Title	DIRECTOR
Name	GUTHRIE, JOSH
Address	38532 CALUMET AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33541

Title	VP
Name	CASTRO, CARLOS
Address	37030 JANET CIRCLE
City-State-Zip:	DADE CITY FL 33525
Title	SGT. AT ARMS
Name	KOESTER, ANN
Address	5716 DEAN DAIRY ROAD
City-State-Zip:	ZEPHYRHILLS FL 33541
Title	DIRECTOR
Name	TUCKER, RACHAEL
Address	38942 CARR ROAD
City-State-Zip:	ZEPHYRHILLS FL 33540
Title	DIRECTOR
Name	GUTHRIE, BRIDGET
Address	38532 CALUMET AVENUE
City-State-Zip:	ZEPHYRHILLS FL 33541

Continues on page 2

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: KATHERYN M. AUTON

ASSOCIATION MANAGER 01/25/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name OGILBEE, AUBREY
Address 4127 BURROWS ROAD
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR
Name RICKY, BOYD
Address P. O. BOX 1838
City-State-Zip: DADE CITY FL 33526

Title DIRECTOR
Name MCGRAW, JOANNIE
Address P. O. BOX 7596
City-State-Zip: WESLEY CHAPEL FL 33544

Title DIRECTOR
Name CHRISTIAN, ROBERT
Address 3048 HICKORY DRIVE
City-State-Zip: WESLEY CHAPEL FL 33543

Title DIRECTOR
Name ADLER, ANDREW
Address 17929 TROPICAL COVE DRIVE
City-State-Zip: TAMPA FL 33647

Title DIRECTOR
Name ROTHERS, KAREN
Address 4813 ROYAL BIRKDALE WAY
City-State-Zip: WESLEY CHAPEL FL 33543

Title DIRECTOR
Name MENETRE, TRACY
Address 6025 EVANSBROOK DRIVE
City-State-Zip: ZEPHYRHILLS FL 33541