

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000003546

**FILED**  
**Feb 11, 2018**  
**Secretary of State**  
**CC7696156397**

**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:** No

**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

02/11/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name MENETRE, TRACY  
Address 6025 EVANSBROOK DR.  
City-State-Zip: ZEPHYRHILLS FL 33541

Title ASSN. MGR. & DIRECTOR  
Name AUTON, KATHERYN M  
Address P. O. BOX 1385  
City-State-Zip: DADE CITY FL 33526-1385

Title VP  
Name KOESTER, ANN  
Address 5716 DEAN DAIRY ROAD  
City-State-Zip: ZEPHYRHILLS FL 33541

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

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

Title SGT. AT ARMS  
Name ROTHERS, KAREN  
Address 4813 ROYAL BIRKDALE WAY  
City-State-Zip: WESLEY CHAPEL FL 33543

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

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

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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:** KATHERYN M. AUTON

**ASSOCIATION MANAGER** 02/11/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name PARKER, KRISTI  
Address 4132 COURT ST.  
City-State-Zip: ZEPHYRHILLS FL 33542

Title YOUTH DIRECTOR  
Name BALLARD, ALEC  
Address 5112 LURGAN ROAD  
City-State-Zip: LAND O LAKES FL 34638

Title DIRECTOR  
Name KNOWLTON, DAN  
Address 37529 SKY RIDGE CIRCLE  
City-State-Zip: DADE CITY FL 33525

Title YOUTH DIRECTOR  
Name PARKER, TANNER  
Address 4132 COURT ST.  
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR  
Name PARKER, JAMES PAUL  
Address 4132 COURT ST.  
City-State-Zip: ZEPHYRHILLS FL 33542

Title DIRECTOR  
Name STALSONBURG, JAYME  
Address 38027 - 10TH AVENUE  
City-State-Zip: ZEPHYRHILLS FL 33542