

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N38016

**Entity Name:** PASCO KIDS FIRST, INC.

**Current Principal Place of Business:**

7344 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**Current Mailing Address:**

7344 LITTLE ROAD  
NEW PORT RICHEY, FL 34654

**FEI Number:** 59-3010809

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HAMMOND, KEITH  
8624 GOVERNMENT DRIVE  
SUITE 101  
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 DIRECTOR  
Name SMITHWICK, ROSANNE  
Address 5404 MAIN STREET  
City-State-Zip: NEW PORT RICHEY FL 34652

Title PRESIDENT, CEO  
Name WOLF, ROBERT  
Address 7344 LITTLE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34654

Title CHAIRMAN  
Name SELTZER, ERIC  
Address 7432 LITTLE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR  
Name FENTON, ROZ  
Address 13632 OLD FLORIDA CIRCLE  
City-State-Zip: HUDSON FL 34669

Title DIRECTOR  
Name LEE, CINDY DR.  
Address 8406 MARLANAS PLACE  
City-State-Zip: TEMPLE TERRACE FL 33637

Title VC  
Name FRIEDLANDER, PAUL  
Address 4934 ORANGE GROVE WAY  
City-State-Zip: PALM HARBOR FL 34684

Title TREASURER  
Name BENE, PATRICK  
Address 6204 SPOONBILL DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR  
Name PEARSON, CATHY  
Address 8600 GALEN WILSON BOULEVARD  
City-State-Zip: NEW PORT RICHEY FL 34668

**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:** ROBIN KELBAUGH

**DIRECTOR OF FINANCE**

**04/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY  
Name KILIAN, KEN  
Address 7601 LITTLE ROAD  
SUITE 200  
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR OF FINANCE  
Name KELBAUGH, ROBIN  
Address 7344 LITTLE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34654