

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N97000004032

**Entity Name:** PASCO FINE ARTS COUNCIL, INC.

**Current Principal Place of Business:**

4145 FAIRFORD DRIVE  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

P.O. BOX 323  
ELFERS, FL 34680 US

**FEI Number:** 59-1890812

**Certificate of Status Desired:** No

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

RAY, SUSAN  
9668 SPRINGMEADOW DRIVE  
NEW PORT RICHEY, FL 34655 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:** SUSAN RAY

06/08/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BRYAN, JACALYN  
Address 29624 FOREST GLENN DR  
City-State-Zip: WESLEY CHAPEL FL 33543

Title D, CHAIRMAN  
Name LANGFORD, BOB  
Address 5603 WYOMING AVE  
City-State-Zip: NEW PORT RICHEY FL 34652

Title DIRECTOR, VC  
Name FRANKS, JANET  
Address 16165 JONES LOOP  
City-State-Zip: DADE CITY FL 33523

Title DIRECTOR  
Name PHILBROOK, DENISE  
Address 3316 BAINBRIDGE DR  
City-State-Zip: HOLIDAY FL 34641

Title DIRECTOR  
Name RAY, SUSAN  
Address 9668 SPRINGMEADOW DRIVE  
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR  
Name STICKNEY, PATRICK  
Address 3309 MATCHLOCK DR.  
City-State-Zip: HOLIDAY FL 34690

Title DIRECTOR  
Name CARONA, FRANK  
Address 7615 TANGLEWOOD DR  
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR  
Name GRAY, CHARLES  
Address 3215 TOWN AVE  
City-State-Zip: NEW PORT RICHEY, FL FL 34655

**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:** LIANNA TATMAN

DIRECTOR

06/08/2021

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            LERRET, STEPHANIE  
Address        14313 AIKEN LANE  
City-State-Zip: ORLANDO FL 32828

Title            DIRECTOR  
Name            TATMAN, LIANNA  
Address        1137 SE 35TH AVE  
City-State-Zip: OCALA FL 34471