

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004032

Entity Name: PASCO FINE ARTS COUNCIL, INC.

Current Principal Place of Business:

4145 FAIRFORD DRIVE
NEW PORT RICHEY, FL 34652

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

01/28/2021

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

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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: SUSAN J RAY

DIRECTOR

01/28/2021

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