

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004032

**FILED**  
**Jan 22, 2015**  
**Secretary of State**  
**CC9294221587**

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

**Current Principal Place of Business:**

5744 MOOG RD  
HOLIDAY, FL 34690

**Current Mailing Address:**

5744 MOOG RD  
HOLIDAY, FL 34690 US

**FEI Number:** 59-1890812

**Certificate of Status Desired:** No

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

BAUGHMAN, MARTHA J  
5744 MOOG ROAD  
HOLIDAY, FL 34690 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:** MARTHA J. BAUGHMAN

01/22/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name BUTLER, DOUGLAS  
Address 10230 RIDGE ROAD  
City-State-Zip: NEW PORT RICHEY FL 34654

Title DIRECTOR  
Name NOEL, STEPHEN  
Address 7935 SLATE CT  
City-State-Zip: NEW PORT RICHEY FL 34654

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

Title DIRECTOR  
Name GIANNET, STANLEY M PHD  
Address 2727 MANSFIELD BOULEVARD  
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 D, TREASURER  
Name BAUGHMAN, M. JOANNE  
Address 5915 SEASIDE DRIVE  
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, SECRETARY  
Name LAWRENCE, LAWRENCE  
Address 1631 AMARYLLIS COURT  
City-State-Zip: TRINITY 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:** M. JOANNE BAUGHMAN

**TREASURER**

01/22/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            NATZKE, SUZANNE P  
Address        9514 VENTURI DRIVE  
City-State-Zip: TRINITY FL 34655