

2015 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 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:

BAUGHMAN, MARTHA J
4145 FAIRFORD DRIVE
NEW PORT RICHEY, FL 34652 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

08/20/2015

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, PALMA
Address 1631 AMARYLLIS COURT
City-State-Zip: TRINITY 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: M. JOANNE BAUGHMAN

TREASURER

08/20/2015

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