

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004032

**FILED**  
**Jan 14, 2018**  
**Secretary of State**  
**CC1257933954**

**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

01/14/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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/SECRETARY  
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  
Name BEATTY, PAM  
Address 9927 SAN SIERRA WAY  
City-State-Zip: PORT RICHEY FL 34668

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

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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

**SECRETARY/TREASURER** 01/14/2018

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LITZEL, JANET  
Address 3637 TEESIDE DR.  
City-State-Zip: NEW PORT RICHEY FL 34655

Title DIRECTOR  
Name PHILLIPS-OWENS, LISA  
Address 12717 WOODCHUCK WAY  
City-State-Zip: HUDSON FL 34667

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