2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#733520

Feb 24, 2009 Secretary of State

Entity Name: PASCO-HERNANDO COMMUNITY COLLEGE FOUNDATION, INC.

Current Principal Place of Business: New Principal Place of Business:

10230 RIDGE ROAD

NEW PORT RICHEY, FL 34654 LIS

Current Mailing Address: New Mailing Address:

10230 RIDGE ROAD

NEW PORT RICHEY, FL 346545199 US

FEI Number: 59-1731676 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

JOHNSON, KATHERINE M ED.D. 10230 RIDGE ROAD NEW PORT RICHEY, FL 34654 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition BLOMMER, EDWARD C DOUGHERTY, JOHN A Name: Name: 38008 MREIDIAN AVE Address: 4048 DELTONA BOULEVARD Address: City-St-Zip: DADE CITY, FL 33525 City-St-Zip: SPRING HILL, FL 34606

Title: () Delete Title: (X) Change () Addition DOUGHERTY, JOHN Name: MILLS, MONICA Name:

Address: 12122 CORTEZ BLVD Address: 7435 SHELDRAKE STREET City-St-Zip: BROOKSVILLE, FL 34613 City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VC. () Delete Title: (X) Change () Addition

MILLS, MONICA MAY, RONALD J Name: Name: 10230 RIDGE RD 11031 U.S. HIGHWAY 19 Address: Address:

City-St-Zip: NEW PORT RICHEY, FL 34613 City-St-Zip: PORT RICHEY, FL 34688

Title: () Delete Title: (X) Change () Addition

BURDZINSKI, KENNETH R Name: BOWMAN, MARC W Name: 9037 US HWY 19 Address: Address: 10230 RIDGE ROAD City-St-Zip: PORT RICHEY, FL 34668 City-St-Zip: NEW PORT RICHEY, FL 34654

Title: () Delete Title: () Change () Addition ADAMS, RUSSEL Name: Name: 2502 LAND O' LAKES BLVD. Address: Address:

City-St-Zip: LAND O LAKES, FL 34639 City-St-Zip:

Title: () Delete Title: (X) Change () Addition BIGELOW, KRISTINE M BARNETTE, TOM Name: Name: Address: 6630 EMBASSY BLVD., SUITE B Address: 445 HOWELL AVENUE PORT RICHEY, FL 34668 BROOKSVILLE, FL 34601 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KENNETH R. BURDZINSKI S 02/24/2009